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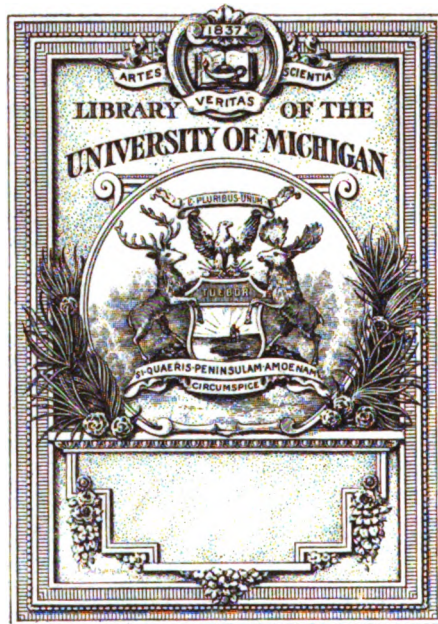
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The Medical bulletin



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JOHN V. SHOEMAKER, A.M., M.D., LL.D.

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No. 1

CLINICAL LECTURES.

ACNE, PSORIASIS, AND ALOPECIA CIRCUMSCRIPTA.*

By JOHN V. SHOEMAKER, A.M., M.D.

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GENTLEMEN: E. M., male, 22 years of age, a tailor, single, exhibits a co-existence of two diseases of the skin. Spots of acne are scattered over the face, principally upon the nose and forehead. The lesions are both papular and pustular, though the former prevail. They have been present at intervals for several years. At times his face will be free, or nearly so, and again fresh crops will appear. This is a very common history of acne.

The psoriasis is of recent occurrence. About three months ago an eruption appeared upon both legs. It came out at nearly the same time on each, the right limb being affected rather earlier than the left. When first developing it was attended with some itching and burning sensations. The lesions have always been dry. They soon became covered with grayish scales, and when the man first came under observation his limbs presented a typical picture of psoriasis. It first attacked the outer side of the legs, but has spread to the inner surfaces. The patient states that he enjoys good general health, and is strong. He cannot, however, be called very robust. His appetite is not very good; his bowels are regular. He is not dyspeptic, and has never had rheumatism or syphilis. He does not know of any rheumatism or psoriasis as occur-

ring in his family. Small spots of psoriasis exist upon his hands.

Here, as in other patients whom I have shown you, we obtain the same history of the psoriasis developing first upon the leg, in front of or just below the knee. Moderate itching attended the beginning of the disease, but soon subsided. In this respect, also, the history agrees with that of other cases. As regards its evolution, it is distinguished by being rapid and diffuse. In a few weeks' time numerous patches appeared and coalesced, so as to form an almost uniform surface of diseased action. The scales have, for the most part, been detached, leaving the front of each leg almost covered by a dry, slightly-raised, somewhat-rough, dark-red and shining eruption.

This man was directed to sponge his face every night with hot water and to wash every morning with naphthol soap. In respect to the psoriasis, he was placed upon the wine of antimony in doses of 5, increasing to 10, minims three times a day. As a local application to the psoriatic patches, he was ordered an ointment composed of 1 drachm of salicylic acid and an ounce of the ointment of the nitrate of mercury.

The color of the lesions is less bright than when the patient first came under observation, and there is but a slight tendency to the reproduction of fresh scales.

Alopecia and Psoriasis.—H. M., male, aged 37 years; an iron-worker. About ten years ago this man's hair began to fall in spots or patches. The hair was originally thick. The baldness began on the vertex. The denuded spots were at first roundish, but as they grew larger adjacent spots coalesced.

* Delivered at the Medico-Chirurgical Hospital of Philadelphia.

About two years after the affection began the patient had an attack of typhoid fever. After recovery from that illness he noticed that his hair fell more rapidly than before. The loss, however, was gradual and slow. Until two years ago he had a little hair upon the side of his head. Within the last nine months the hair upon the chin and cheeks has begun to fall. The left side of his mustache has become decidedly thinner than the right. The eyebrows have also fallen. The man wears a wig when he goes abroad, though he cannot endure it when at work on account of sweating of the scalp. He has always perspired freely upon the head from the time of his youth. He is unable to give any cause for this total loss of hair. The man has not a very vigorous look, but he states that he is able to perform his daily work, which requires considerable strength. He has never had syphilis. His appetite and digestion are good, and he sleeps well. Some years ago he had his scalp shaved several times, but no benefit resulted from the procedure. He has always perspired freely upon the body. The patient is habitually constipated.

This case, beginning as alopecia circumscripta, is an example of the complete baldness which occasionally results from the progress of that affection. The whole scalp has been involved by the extension and coalescence of the various patches. The disease has attacked also the hairy parts of the face, and the man fancies even that latterly the hair upon his legs has become thinner. As in most cases of alopecia circumscripta, the patient was originally endowed with an abundant growth of hair. The beginning does not, however, precisely correspond to the history of most cases. There had been no premonitory symptoms calling attention to the scalp, and in this respect the present case agrees with the general rule. The loss of hair is itself the first and only symptom. The fall of the hair is generally abrupt and rapid. The patient is surprised some day to find that the hair comes out upon the brush and comb. Within a short time a patch or patches of baldness have developed. Here the progress has been much more gradual. Some cases are attended by itching, but in this, as many others, that sensation has been absent. The bare scalp is pale, thin, smooth, and soft to the touch.

Most cases of alopecia circumscripta are

curable. In a person of the age of this patient, and in whom the baldness is so complete, the prognosis must be guarded. The treatment adopted in the present case was as follows:—

R Sulphuris sublimati, . . . gr. c.
Potassii bitartratis, . . . 3ss.

M. et ft. capsulæ no. xxx.

Sig.: One capsule four times a day.

R Ungt. hydrargyri nitratis, . . . 3ss.

Lanolini, . . . 3ss.

Acidi salicylici, . . . 3j.

M. Sig.: Rub well into the scalp twice a day.

By a curious coincidence it happens that this patient also, the third of a series, is afflicted with a co-existent psoriasis. Small scaling patches have, during the last three months, developed in front of each knee. The disease is in its incipency, and the lesions are good examples of the early stage.

Eczema Capitis.—S. M., male, 35 years of age, a porter, first noticed, between five and six months ago, an eruption upon the back of his head. The affected spot was at that time about the size of a cent. It caused a good deal of itching. Since that time other spots have appeared upon the top of the head, and have enlarged with considerable rapidity. They have not been attended by suppuration, but gave rise to some sticky moisture which dried into crusts. From time to time the crusts would fall, but would soon be renewed. Similar spots have also appeared upon the sides of the head. They have not caused the hair to fall. There is likewise a small patch of eruption upon the root of the nose and another at the tip. Each of these is covered by a thin, brownish crust. The patches upon the scalp are of oval outline. The incrustation is of a yellowish-brown color. Beneath the crust the surface is red and moist. The man has suffered for two months from pain in the back and hæmorrhoids. He thinks that he is not as strong as he was formerly. He has had rheumatic pains in the back, hips, and thighs. He is habitually temperate as regards liquor, and does not use tobacco. The digestion is good at present, although he has been troubled by dyspeptic symptoms.

This is a well-marked case of eczema of the scalp. The subjective symptom of itching has been prominent. This manifestation is much more common and persistent in eczema, wherever located, than in psoriasis, and, for

that reason, may be regarded as of some diagnostic import in doubtful cases. In the present instance the disease is limited almost strictly to the scalp. When it begins in that situation it is very apt to spread to the forehead or neck. In this case there has been no continuous extension to other parts.

The treatment of eczema of the scalp requires removal of the crusts and scales by means of oil and the further application of sedative or slightly-stimulant oils, lotions, or ointments. Bismuth is a good remedy, and naphthol may be used when some irritant effect is desired. It is needless to add that we should endeavor to eliminate the cause and correct any deviations from the general health.

In the present case the patient was treated by means of codliver-oil locally, and a drachm of the syrup of hydriodic acid was given three times a day.

SARCOMA OF THE OVARY; OVARIAN PAPILLOMA; DELAYED MENSTRUATION; OVARIAN CYST; ECTOPIC GESTATION; DISPLACED KIDNEY.*

By E. E. MONTGOMERY, M.D.,

Professor of Clinical Gynecology, Jefferson Medical College; Gynecologist to Jefferson and St. Joseph's Hospitals; Obstetrician to the Philadelphia Hospital; President of the Alumni Association, Jefferson Medical College.

GENTLEMEN: This patient underwent an operation a week ago to-day for the removal of a sarcoma of the ovary. You remember we had a large tumor filling up the abdomen, associated with ascites. A portion of the tumor had begun to undergo disintegration. I show you here her temperature record. It had reached 101° F. the second day, and subsequent to that did not exceed 100° F. This morning it was normal. I bring her before you to examine the wound and remove the sutures. This is the first time the dressing has been removed. In removing these sutures you notice I raise them up and cut all the sutures before I attempt to withdraw any. I do this for the reason that if each suture were cut and withdrawn the patient would become very nervous, and by the time the last one was reached she would hardly be able to control herself. There is but little

pain or discomfort in cutting the sutures; so that, having this accomplished, we can remove them quickly, without subjecting the patient to a long-continued strain, and, after thoroughly cleansing the wound and drying it, we again seal it up. We have had an excellent result. The wound has united throughout, without the slightest symptom of inflammatory condition about it. It is exceedingly gratifying when we remember that she had extensive adhesions, and there was some danger of bleeding into the peritoneal cavity, with the possibility of sepsis resulting.

Ovarian Papilloma.—The next patient entered the hospital seven weeks ago with a marked abdominal distension. Her condition at the time she entered was exceedingly enfeebled. She suffered from abdominal distension, was very weak, and presented a very discouraging outlook for operation. The rapid growth led us to fear there was either malignant disease of the ovary or a papillomatous cyst which had ruptured. On opening the abdomen we found the latter to be the case, and the contents had escaped into the peritoneal cavity, giving rise to ascites. We removed the mass, as well as a fibroid from the uterus, which was as large as a fist. The latter growth had a small pedicle; so the operation of myomectomy was done by cutting through the pedicle and stitching up the surface, covering it with the peritoneum. She did well for a week after the operation, when facial erysipelas developed. Upon inquiry we found there was erysipelas in the family before she came to the hospital. In addition to that, the resident physician, who administered the anæsthetic, was at that time in the medical ward and in attendance upon erysipelas. You can readily appreciate that erysipelas developing in a patient just a week after ovariectomy was not a pleasant complication. With it we had elevation of temperature which reached a maximum of 103° F. This was of short duration, soon became normal, and at no time did the wound become infected. The disease extended over a good part of the head, but the swelling was not very severe. Her convalescence subsequently has been rapid, and she is in a much better condition and looks better than when she entered the hospital. It is a comfort to realize that this patient suffered from a papilloma of the ovary rather than from malignant degeneration. It is sometimes difficult to dis-

* Clinical lecture delivered at the Jefferson Hospital.

tinguish between papilloma and malignant disease, especially when we observe how other tissues may become infected and the disease extend. So extensive has this become in some cases, rendering it impossible to remove the disease, that papillomata have been regarded by some pathologists as a form of malignant disease. It is found, however, that if we are able to remove the base of supply the disease disappears. In this patient there was a rupture of the sac and escape of its contents into the peritoneal cavity, the irritating character of which developed an acute ascites, and the condition of the patient rapidly became dangerous. It certainly would have been fatal if she had been permitted to continue much longer without resort to operation.

Delayed Menstruation.—This patient is 20 years of age, whose family history is negative; she has never menstruated. Every two weeks, however, she has a profuse mucous discharge from the vagina, which continues for a day at a time, and is attended with a feeling of pelvic discomfort and fullness. She has coronal headache, a fair appetite, her bowels are regular, and she sleeps well. She has been married one year and has never been pregnant. Examination discloses the uterus as small and undeveloped. So far as the ovaries are concerned, whether they are rudimentary or fully developed, our examination is negative, as we have been unable to palpate them. There are numbers of cases in which the development of the individual is slow, and the patient may go on to 23 or 24 years of age before menstruation occurs. There are some individuals in whom it does not take place until subsequent to marriage, when the increased excitement induced by the sexual relations leads to the development of the sexual organs. In some patients menstruation may not take place until subsequent to gestation, so that the performance of the function of menstruation is preceded by gestation. In this patient we will make a more careful examination, possibly under an anæsthetic, in order to determine whether her ovaries are rudimentary and are the cause of the delayed performance of the function.

Ovarian Cyst.—I now show you a patient 20 years of age, a dressmaker, single, whose family history presents no special symptoms; she has enjoyed good health as a child. Puberty occurred at 12; menstruation was regular, lasting three to four days; always painful, at times

profuse. She suffers from a constant dull, aching pain upon the right side of the abdomen, extending into the corresponding groin; appetite has been fair, bowels regular, and she noticed, about two months ago, that the abdomen began to be much larger than formerly. At this time she was confined to her bed for a week with severe pain in the abdomen. As the abdomen is exposed we notice an enlargement which is nearly symmetrical, possibly projecting a little to the left. This enlargement is more particularly developed in the lower part of the abdomen and in a greater degree transversely than in a vertical direction. It is accompanied with no variation or interference with the menstrual function. Palpating over the abdomen we are enabled to distinguish a mass filling up the lower part of the pelvis, over which a sensation of fluctuation can readily be distinguished. No particular irregularity is demonstrated; and as the distension is uniform and the sensation of fluctuation marked, we are enabled to determine that we have to deal with what is known as a cyst, this probably being a single cyst, which affords the greater wave of fluctuation. As I make pressure over the right side it gives rise to a sensation of slight crepitation. This peculiar sensation is probably due to some roughening of the cyst-wall or of the peritoneal surfaces, which lie in contact and rub over one another. As I percuss over the surface you will notice an absence of resonance. You will remember that I had a case before you two weeks ago, in which there was resonance over the entire surface of the distension. In this case, however, resonance is absent. If this were simply a case of ascites, we would expect to find resonance over the summit of the distension because the intestines, being filled with gas and lighter than liquid, float up and come in contact with the most superior portion of the distension, but in this patient there is absence of resonance at this point. Higher up you have noticed a difference in the sound. There is more resonance on the right than upon the left side, from which we infer that the tumor has probably developed from the left ovary and, as it has increased in size, has pushed the intestines upward and to the opposite side, as a result of which we have the dullness on the left side. Of course we cannot say absolutely, in any case, that because resonance is more marked on the one side the tumor has developed from the ovary of the

opposite side, for the reason that, as an ovary increases in size and becomes heavy, it gravitates to the lower portion of the pelvis and, there increasing in size, it may push the intestines up on the same side as that from which it originated. We can say, however, that here we have a cyst, for the absence of resonance over the entire surface of the tumor indicates that it does not result from free fluid within the abdominal cavity. There is a certain amount of resistance to the hand. The mass can be picked up and pulled from one side to the other, and in so doing sensation of crepitation is recognized, indicating that the rapid development of the tumor has produced a certain amount of irritation and peritonitis. Further, that it is a cyst is evident from the distinct fluctuation we are able to detect. Placing the hand on one side we feel a wave of fluctuation. The absence of resonance and presence of fluctuation indicate that we have fluid confined within a sac. It is true that we may have an abdomen so distended with fluid that the mesentery will be too short to permit the intestines to float to the surface, or the mesentery itself may be contracted by inflammatory adhesions so that the intestines are withheld from the abdominal surface. In these cases superficial percussion will give dullness, while pressing the hand well down upon the abdomen we will find resonance. In other words, the intervening layer of fluid by this action is displaced, and the abdominal wall is pressed down against the air-containing intestine. Here, however, we are not able to accomplish this displacement, for the reason that we have a mass within the abdominal cavity. Having determined that we have an ovarian tumor, the question for consideration is, What shall be done for her relief? The only method of treatment in such cases that affords the slightest probability for permanent relief would be the removal of the cyst. If we should attempt to relieve her by emptying the cyst, we would find that it would soon again fill, producing a similar train of symptoms, and the withdrawal of so large an amount of fluid from the system has a depressing influence upon the patient; so we shall advise this patient to undergo the operation of ovariectomy.

Ectopic Gestation.—The next patient is one in whom we have had a great deal of interest. She was examined before you two weeks ago to-day, and a diagnosis made of

ectopic gestation, and on the following Friday this was confirmed by operation. I now show you the temperature record, which, prior to the operation, reached, for several days, a maximum of 104° F.; subsequent to its performance the maximum has been 101° F.; this morning it is 99° F. This patient, from a diagnostic point of view, has presented much of interest, and has afforded us a great deal of gratification. You remember that the patient suspected herself pregnant, and was satisfied that an abortion took place in February, 1893. Subsequently her abdomen continued to enlarge, and she later recognized foetal movements. Her menstruation after this supposed miscarriage did not return until the following October. Subsequent to this date, until she came under our observation, the last of March, 1894, she menstruated regularly. Her abdomen had become as large as a woman between the seventh and eighth months of pregnancy. The abdominal distension is centrally situated, projecting, possibly, a little to the right. The tumor was regular in outline until we reached the left side, low down, when a projection or more firm, resisting mass could readily be distinguished. The tumor itself had an elastic feel, and upon percussion fluctuation could readily be distinguished. It differed from an ordinary cystic tumor, however, in the fact that its entire surface was resonant, naturally leading us to expect that the sac contained air or gas. Our palpation did not enable us to recognize any solid mass excepting that situated upon the left side of the abdomen. By vaginal examination the cervix was felt high up behind the symphysis, where it had been pushed by the mass, which had extended deeply into the pelvis and was a part of the abdominal tumor. This mass was so closely connected with the uterus posteriorly that it was difficult to say that it was not a part of it. The question of interest became, What was the character of the abdominal distension present in this patient? The fluctuation would lead us to suspect that we had an ovarian or fibro-cystic tumor. On the other hand, its surface was resonant, while in an ovarian or fibrous cyst dullness is present. Its walls also seemed too thin, and fluctuation was too distinct to lead us to believe it was a fibroid growth. In carefully analyzing the symptoms presented, we were forced to the conclusion that we had to

deal with a case of ectopic gestation, where probably the period of gestation had been completed, and the foetus had died, undergone maceration, as a result of which there had been a development of gas in the sac, causing resonance upon percussion. We were led to this conclusion by the history of the case, which comprised the supposed pregnancy and abortion at the second month; the subsequent enlargement of the abdomen, associated with foetal movements and absent menstruation; finally, cessation of foetal movements with a return of the menstruation, and, at a late date, presence of resonance over the sac. That this was engendered by decomposition of the sac-contents was rendered still more probable by the marked elevation of temperature from which this patient had been suffering during the last two weeks,—an elevation associated with loss of flesh, strength, and appetite, and a depressed, anxious appearance of the countenance.

This association of symptoms led me to commit myself to you that we had to deal with a case of ectopic gestation. When the abdomen was opened a large, red, fleshy-looking mass was found, which was apparently closely associated with the intestines and omentum, and below with the posterior surface of the uterus. This mass was opened, when there was at once a gush of dirty, greenish-looking fluid, and the limbs of the foetus were quickly seized and a macerated foetus at full term withdrawn. The placenta was found attached to the anterior wall, and, as a consequence, was removed with its basal wall attached. Examination disclosed the remaining portion of the sac was associated with the intestines, so much so as to render it unwise to attempt its enucleation. The sac and abdominal cavity were thoroughly washed out, the sac itself packed with several layers of iodoform gauze and the peritoneal surfaces attached to the parietal peritoneum, the wound above closed; in this way the peritoneal cavity was shut out from any possibility of infection from the sac cavity. The gauze packing was permitted to remain four days, when it was removed, and two rubber drainage-tubes, of good size, inserted to the bottom of the sac behind the uterus, and the cavity then washed out two or three times daily with a sulphurous-acid solution. At one time there was a stitch-abscess at the point where the suture was intro-

duced into the sac-wall; but, as this was the only suture infected, we feel that we have been fortunate. The convalescence has been as rapid as could have been expected.

Displaced Kidney.—The patient is 38, married; has a good family history; puberty occurred at 17; menstruation every two weeks and lasting two days, scanty and painful; was married when 18 years of age and has never been pregnant. Three years since she underwent abdominal section, for what cause she is unable to inform us, but states that she is no better than she was before the operation. She suffers from pain in the abdomen, especially on the left side just below the last rib, and continuous pain in the back. She has not menstruated since the operation, her appetite is poor, and bowels regular. Upon examination we find the ribs and crest of the ilium lie almost in contact; we can hardly press the finger between the lower rib and iliac crest. This is one of those cases in which operation on the kidney through the loin would be exceedingly difficult. As you look at this left side you will notice some desquamation of the skin, evidently a result of a recent blister. The patient complains of more or less distress in this region. She also speaks of having noticed a mass situated in the left side of the abdomen, which increases and decreases in size. The question becomes, What is the character of the growth, if any, which has given rise to these symptoms, and from what has the growth itself arisen? We recognize that such a growth, even if this patient had not the scar over the abdomen indicating that the peritoneum had been involved, is not probably a result of ovarian disease, as it is situated too high. We are not likely to have ovaries displaced upward unless the tumor is so large that it can no longer find a position in the pelvis. So we disavow the probability of this being an ovarian growth. The organs which may possibly furnish a tumor in the lateral region are the kidney, the spleen, the omentum, or the wall of the descending colon. These are situated upon the left side. Now, this patient, in addition to the symptoms she has already given, complains of being exceedingly nervous, has frequent attacks of palpitation of the heart, difficulty in breathing, and a sensation of faintness. I can distinctly feel, although the abdominal muscles are not very much relaxed, a mass close to the spine, which is not very movable, seems to be more or less

fixed, is in close contact with the abdominal aorta, and I can feel the pulsations of that vessel through the mass. The situation of the mass would lead me to conclude that it is not an aneurism. While it is as large as we would expect from such a condition, it does not present the distinct pulsation we would recognize in an aneurism. The situation and size of the mass lead me to believe that it is the left kidney which is displaced and has become more or less fixed in this region, and that it is to this her distress is due. It is not the spleen, as the growth is not sufficiently large. It does not present its shape; nor do we believe it to be a growth of the descending colon. Before committing myself further, however, I take the precaution to turn the patient over on her left side, flexing the limbs well upon the abdomen, when we are enabled to run the hand beneath the rib and diaphragm, and to determine more definitely the character of any growth in that region; so that I am satisfied this is a displaced kidney. Such displacements are not unfrequently found in women who have undergone abdominal operations for removal of large growths, or in women who have become fleshy and subsequently lost it, so that the normal support of the parts is lost. Being situated near to the abdominal brain,—the solar plexus,—the dragging of the displaced kidney not unfrequently produces pain in the back and over the abdomen, with palpitation, sense of faintness, nausea, and vomiting.

NURSING AS A PROFESSION FOR WOMEN.*

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I THANK you for your kind attendance this evening, and congratulate you upon your entrance into what has come to be regarded as one of the noblest occupations of womankind. Before I proceed to the subject of my lecture, let me remind you that every woman has, at one time or another of her life, had charge of somebody else, whether a child or an invalid. In other words, every woman is a nurse. It is essentially a woman's occupation, because it calls forth the sweetest and noblest traits of

the human heart,—unselfishness and devotion to the care of others. A halo of romance has been thrown round the ministrations of the nurse in times of peace and war; she has ever been the ministering angel of the sick-room, and has brought joy and comfort alike to the expectant mother, the fever-racked child, the stricken hospital patient, and the wounded soldier upon the field of battle.

The history of the Civil War in America and of the Crimean and Franco-Prussian Wars in Europe teems with accounts of the heroism, self-sacrifice, and devotion of these noble women, the Sisters of Mercy and of Charity, who, for the glory of God and the honor of their sex, faced death itself in the discharge of their duty. Doubtless you all have heard of Florence Nightingale, the gentle, high-bred Englishwoman, who, when the Crimean War was at its height, when the soldiers were dying like flies in the hospitals of Russia from neglect and ignorance, went out to the scenes of battle with a devoted band of followers to reduce the horrors of war. So devoted was her care of the sick and wounded that the gratitude of the English people found expression in a great public meeting, at which over \$200,000 were subscribed as a testimonial to her. She refused to take it, but devoted the money to found "The Institution for the Care and Training of Nurses," at St. Thomas's Hospital, in London. And thus the first training-school for nurses was established in 1860. During the Civil War of this country Miss Clara Barton established the Society of the Red Cross, whose flag brought peace and heaven-sent blessings to the poor fellows who fell wounded in their efforts to save the Union.

But while sentiment gave birth to these humane impulses and developed heroines as well as heroes in war-time, hospital nursing in this country and in Europe was but little less than a disgrace to humanity.

Who has not read Charles Dickens's story of "Martin Chuzzlewit," and been moved to tears at the treatment of the poor invalid by Sarah Gamp, who scolded the trembling patient, removed his pillows that her own sleep might be more comfortable, and took his nourishment, which she washed down with copious draughts of whisky from a black bottle, while complacent Betsy Prig looked on unconcerned! That this picture is not

* Opening address delivered at the Training-School for Nurses, Medico-Chirurgical Hospital, Philadelphia, November 17, 1894.

overdrawn, any one who has had experience of untrained nursing in hospital and private practice twenty years ago can testify. But the time had arrived, none too soon, when the old order of things must give way to the new, when the self-made nurses—the Sarah Gamps and Betsy Prigs—must yield to the intelligence, the education, and the training of women fitted for duties of the profession of nursing. Thanks to Florence Nightingale, the wave of reform spread rapidly from England to the continent of Europe, and reached this country, where, in 1872, the first training-school for nurses in America was established, at Bellevue Hospital, New York. Philadelphia was not slow to follow the good example, and inaugurated a number of training schools for nurses which are alike the pride and glory of a city ever celebrated for its philanthropy. The establishment of a training-school for nurses at the Philadelphia Hospital, by the late Miss Alice Fisher, whose memory is to this day respected for the noble work she has accomplished, has been a positive blessing to the poor, and robbed hospital treatment of its terrors. In our institution it is particularly fitting that the good work should continue, and that it should be the pioneer in everything that can contribute to the scientific and humane care of those who are stricken by illness or injury.

Trained nursing has become such a necessity to the rich and poor alike that one would no more think of taking a patient through a serious illness without a trained nurse than a captain of a ship would take his vessel through a dangerous channel without a pilot. It is rapidly becoming a profession for intelligent, well-bred, educated women who seek to be independent and have to earn their own living. It is not many years since the sphere of the average woman was to cook, wash, mend, darn and knit, to get married, and to raise a family. But a higher civilization and the asserted independence of the sex have opened up numerous occupations to women that were not dreamed of twenty years ago. Unquestionably, of all the pursuits open to women, nursing offers the greatest advantages, but, before adopting it as a profession, certain qualities are essential. In the first place you must have an aptness for nursing,—not that I mean that you must be “a born nurse”; every woman thinks she is; but you must have a dis-

tingent liking for your calling, and not enter it solely as a means of livelihood. Do not imagine, because you hear of Miss Jones or Miss Smith making \$500 a year as nurses and admire the fine clothes they wear, that by spending a few months at a training-school, at the end of which you receive your diploma and the congratulations of your friends, your golden era has begun. No; the weary vigils by the bedside of some poor patient and the unpleasant duties you will be called upon to perform will test to the utmost your devotion to your chosen calling. As Dr. Weir Mitchell said, in speaking of the medical profession, “you cannot weigh or measure what you have to give,” and the gratitude and thanks of your patients will be your only reward in many cases.

Having considered aptness for your work as an essential qualification, not less necessary is good health. It is part of your stock in trade, and you must have an abundance of it, because by their very nature your duties are exhausting to mind and body. Close attention to duty, loss of sleep, the exactions of the sick-room or ward are all powerful factors in undermining your health if you let them do so. But, having good health to start with, see that you preserve it by daily exercise, walks in the open air, the proper amount of sleep and recreation, and regular meals. To a nurse of a sensitive, emotional nature, nursing the sick is a depressing occupation, and to those who are so constituted it makes them morbid; so that there should be diversion of mind by occasional visits to concerts or other places of amusement.

Essential to good health is personal neatness. A nurse who is careless or untidy about her appearance can never hope to succeed. She must pay particular attention to bathing, to her hair, her teeth and finger-nails, and, what is sometimes overlooked by the nurses, but noticed by patients, her digestion must be kept in perfect order.

She must be free from any defect of mind or body; her sight and hearing must be good, her skin in perfect condition. A woman who has the misfortune to be an epileptic or to suffer from any chronic nervous disease should never attempt to become a nurse, because her infirmities are noticed and magnified by her patients. The same may be said of those who suffer from nasal catarrh, asthma, or such dis-

tressing affections as make their presence disagreeable in the sick-room. So that too much stress cannot be laid upon the possession of a sound mind in a sound body as an essential qualification for a trained nurse.

A good common-school education is necessary. The better the general education, the better the groundwork for the necessary study. Cultivate the knowledge you possess and add to it, because it will save you from contraction of mind and keep you out of gossiping tendencies, which are so undesirable in your profession. Cultivate a kindly, cheerful disposition if you are not fortunately the possessor of one, because a nurse who is like a gleam of sunshine in the sick-room chases away the shadows and brightens the patient by her very presence. She must be watchful against any exhibition of temper or irritation, no matter what the provocation is, because it reacts upon the patient and adds to his discomfort. Patients are like children in their likes and dislikes, and a nurse who is ever gentle, winning, and kind will earn the gratitude and respect of those whom she waits upon. She must not mind doing a certain amount of menial work if necessary. Indeed, it has been truly said that absolute cleanliness is a most essential factor in a patient's recovery; so that housemaid's work is a most important part of a nurse's training.

If I were asked what I would regard as the most essential qualification to make a good nurse, I would say absolute fidelity in the discharge of her duties. She must carry out the directions of the doctor to the very letter. If medicines are ordered at certain hours they must be given at the moment; if pulse, temperature, and respiration are to be taken, it must be done. If the nurse should forget,—and this word “forget” should have no place in the lexicon of a nurse,—she should have the integrity to acknowledge it, and not to try and cover up her lapse of memory by a false record, because it is to the nurse that the physician looks to aid him in the battle against disease. They are both engaged in a sacred duty, and each one must contribute to its faithful performance. We physicians have ample proof that without integrity in nursing the most eminent professional skill is unavailing. My experience has taught me that there are minor points which are apt to be lost sight of, and which are essential to good nursing. In

the first place, trifling as it may appear, a great deal of unnecessary suffering is caused to patients who are very ill by the lack of “petty management,” as Florence Nightingale appropriately terms it. A well-trained nurse should never be in a hurry, because the patient is kept, by the bustle and confusion, in a state of nervous tension. Again, there is that disagreeable feature of unnecessary noise about the sick-room. The rustling of heavily starched garments, the moving of furniture, and the jingling of glasses and cups brought to the bedside on metallic trays sound like the rattle of muskets to a sensitive patient. Again, there is the lack of tact displayed in admitting strangers unannounced to the sick-room, just at the time, perhaps, when the patient, worn out by a long siege of pain, has fallen into a sound sleep; delivery or non-delivery of letters or messages is another source of annoyance to a patient who is tortured with anxiety at not receiving an expected letter, which may be reposing upon the nurse's table. Do not be the herald of bad news, which comes to sick and well alike with startling suddenness.

Nothing distresses sick people so much as whispered conversation, whether carried on in the patient's room or in the adjoining corridor. They are naturally deeply interested in everything connected with their illness, and whispering on the part of the nurses or attendants in their hearing only serves to arouse their suspicions unnecessarily. “Never let a patient be surprised except by thieves” is a maxim which has come to us from Florence Nightingale. Apprehension, uncertainty, fear of surprise, expectation of something going to happen, all do a patient more injury than a week of sickness. Attention to these details of petty management is therefore desirable in good nursing.

Having touched upon the more essential qualifications of a good nurse, let me point out to you your position with regard to the physicians with whom you come in contact. Your attitude toward them should be invariably characterized by deference and courtesy, avoiding the extremes of familiarity and servility. It is not my intention to lecture to you upon etiquette; your own knowledge of what is expected of every refined, well-bred woman will be your best guide in your conduct toward the physician. I will only give you one hint, which may be of value to you: Do not feel

offended if you are addressed as "Nurse," instead of "Mrs." or "Miss." I have frequently seen, in private practice, nurses who, when addressed as "Nurse," resented the name. You should glory in your title, because you have obtained it by hard work and devotion.

It is rather of your professional relations with the doctor that I need speak. They have been summed up thus: "Report for the past and take instructions for the future." Unswerving devotion to duty should ever be your watchword. Remember that it is to you the physician looks for an intelligent account of the case during his absence, and he relies upon what you tell him and upon the records you show him in deciding the future treatment. Let me impress upon you the importance of taking notes from the very outset of your careers. Do not trust too much to your memories, which may and do fail you at the critical moments. Whether it be the reporting of what has occurred in the absence of the physician or the taking of his instructions, invariably put them in writing. Let no incident, however trifling, which has a bearing upon the case escape your notice, because it is upon your intelligent appreciation of symptoms and of changed conditions as they arise that the attending physician is guided in his future treatment of the case. Furthermore, remember that whatever knowledge of anatomy, physiology, chemistry, materia medica, medicine, and surgery you obtain is only to fit you for the better discharge of your duties as nurses, and not to qualify you as physicians,—“a first-rate nurse only makes a fourth-rate doctor.” Hence it follows that consummate tact is your best guide in your relations with the doctor. Be loyal to him at every opportunity. Carry out his instructions to the letter. Never criticise his motives or methods, because your duty is to observe facts and not to form opinions. Let your obedience to him be absolute,—like that of a soldier to his commanding officer. “Do unto others as you would have others do unto you,”—which is the embodiment of all Christian virtues,—and at the end of your term in the training-school you will go forth well equipped by discipline, by observation, by study, and by experience to add lustre to your Alma Mater, and to reap the reward of your devotion to the noblest calling it is the privilege of women to follow.

ORIGINAL COMMUNICATION.

EYE-STRAIN HEADACHE.*

By S. S. BISHOP, M.D.,

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PHYSIOLOGICAL processes and the known laws governing them form the foundation of our knowledge of the pathological conditions with which we have to deal,—the basis from which we are to estimate every real or apparent deviation from the normal functions of the human body. More especially is this true as regards ophthalmology, in many respects the most scientific department of medicine. A man anatomically and physiologically perfect is conscious of his existence as an organism, but is happily oblivious of any individual organ that helps to make up his body. Such is health,—any deviation from this is disease.

The media by which man is surrounded continually make their impress upon him morally, mentally, and physically, and produce in him normal or healthy action. Under ordinary circumstances impressions call forth the manifest vitality only; also, under exaggerated circumstances, within reason, he has a reserve with which to meet the emergency. One step beyond this and you have neurasthenia, or general irritation, and, if it is concentrated, pain. Pain is the result of the want of power to properly react to impressions.

A man whose nervous force is bankrupt by either hereditary or acquired tendencies will not respond to his surroundings if he is anatomically defective, and may not if he is anatomically perfect. He may be anatomically defective and react normally if he have sufficient reserve force, but he will not respond to extraordinary impressions beyond reason, even if he be both anatomically and physiologically perfect. These points are most beautifully illustrated in the eyes. A healthy person who overworks a normal (or emmetropic) eye will suffer pain; likewise a neurasthenic subject will not be able to respond to ordinary impressions made upon it. On the other hand, he may have a very high degree of ametropia, and will suffer no inconvenience so long as he has a competent supply of reserve—nerve capital—with which to meet the extra de-

* Read to the Franklin County Medical Society.

mand; but the slightest refractive error or muscular anomaly will give him trouble if he cannot supply their demands.

A normal (or emmetropic) eye, with relaxed accommodation, will focus on the retina parallel rays of light (as they come from infinity). Rays of light that come from near points are divergent; the eye accommodates itself by the action of the ciliary muscle on the lens, and focuses them on the retina. The recti and oblique muscles control the binocular vision. If the eyes are anatomically defective, the accommodative functions, internal and external, will be called upon for an extra effort in order to unite rays of light on the retina. This they will do with ease as long as the system supplies their demand; but as soon as that fails, there will be no longer ease, but disease. Whether a man overworks a normal eye or has some anatomical defect of one or both eyes, or some constitutional vice, if the demands made upon the general system by the eyes are in excess of its ability to fill the demand, the result is irritation, varying in degree from the mildest sensations to the most acute pain, which will be local or reflexed, diffused or concentrated, according to the idiosyncrasies of the patient and the particular anatomical defect of the eyes. The direct or local pains are: a sense of fatigue of the eyes, itching, smarting, a feeling as of sand in the eyes, blepharospasm, chorea of the facial muscles, pain in the eyes, browache, ciliary spasm, shooting pain through the head, headache,—all of which may be mild or severe, constant or periodical. There are many headaches due indirectly to disorders of the accommodative apparatus of the eye, in which the brain symptoms are often the most prominent and sometimes the sole symptoms of the eye-trouble; so that, while there may be no pain or sense of fatigue in the eyes, the strain with which they are used may be interpreted solely by occipital or frontal headaches, pain on the top of the head or along the spine. If, moreover, this strain be long continued, it may be the unsuspected source of peculiar sensations in the head, vertigo, nausea, insomnia, and general failure of health. Discomfort of the eyes and lids and vasomotor disturbances of lids and face are sometimes the reflex effects of diseases of the nasal mucous membrane. Irritation from the teeth will occasionally be reflected to the regions of the ophthalmic branch of the fifth nerve.

Eye-strain is only one of the exciting causes of those troubles depending principally upon a constitutional tendency,—migraine, hemicrania, etc. Mental emotions, anxiety, diseases of the nose (spurs on the septum, hypertrophy of the turbinated bones, etc.), diseases of the ovaries, uterus, stomach, and excesses of all kinds,—in fact, any local irritation that exhausts the vital forces has the same effect.

While it is true that a few of these symptoms that are the direct result of eye-strains are sometimes the effect of some other diseased organ, and while a line cannot be drawn nor a tangible distinction shown between them, yet the majority are the direct results of eye-strain and that alone; and, while it is true that all of those symptoms that are produced only by eye-strain have existed in patients who were suffering from disease of the stomach, liver, nasal passages, uterus, or ovaries, and that after the successful treatment of the particular disease they have all disappeared, yet it is not true nor does it prove them to be symptoms of disease of any of those organs mentioned. For if the specialist, who claims that those symptoms are the direct result of disease of any of these organs of which he is a specialist, would practice his specialty, but study general medicine, and look into it a little deeper, he would find one of three things, that there is some error of the refraction or accommodation of the eyes, which is manifest because the system cannot respond fully to the demands upon it, and, after the cure of the disease in that particular organ, it can respond fully to the demands of an anatomically defective eye, and render a manifest trouble latent, or that the vital forces are reduced to that point by the disease that demands of an anatomically perfect eye cannot be met, or the eyes have been abused. Then, too, if the true cause of the symptoms be not removed, the disease which he cured may not return, but these symptoms will as soon as something else renders the system incapable of keeping them latent.

In conclusion, from these considerations it can be easily seen why two patients, each having the same ocular defect, the one can be perfectly comfortable with nature's corrections as long as it lasts, and the other must have an artificial correction to be comfortable, and why the correction of a most trifling error will produce satisfactory results, and *vice versa*. To properly treat headaches due to eye-strain, the

eyes should be made anatomically normal by artificial means. Remove all external irritation, and, if the symptoms still exist, search, find out, and if possible remove what organic disease or constitutional vice is rendering the system unable to respond to the demands of a normal eye.

It has been wisely said, "Any man will get rich if he shut up the leak-holes and don't hurry." So may a man grow abundantly rich in nerve-capital if he shut up the leak-holes by having all sources of irritation removed, and by enjoying a good income through the channels of digestion and assimilation, provided he stops hurrying by avoiding ambition, avarice and anxiety, lassiness, luxury, and lust. In short, if he pray the prayer of the old heathen philosopher, "Make me pure and beautiful within," then, and only then, will that horrible *dis* be obliterated, and he will no longer suffer from *dis*-ease, but will know the peace and joy of *ease*, both of body and of soul.

WAYNESBORO, PA.

LARYNGOLOGY AND OTOTOLOGY.

REVIEWED BY

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OBSERVATIONS UPON DIPHTHERIA AND ITS ANTITOXIN.

Aronson (Berlin klin. Wochenschrift, Nos. 15, 18, 19) in his experiments endeavored to learn how the antitoxin affects the organism and how it produces a therapeutic effect.

Guinea-pigs were used in carrying on the work, and the results proved to the author's satisfaction that diphtheritic poison is destroyed by the antitoxin. The method of obtaining the most efficient antitoxin is described in detail. Among one hundred children who were exposed to the disease and then inoculated, but one was infected, and in this case an insufficient quantity of the antitoxin had been used. The inoculation is made into the subcutaneous tissue of the chest or back.

No unpleasant symptoms have ever followed an injection. The immunity is apparent by

the first injection, and the durability upon the strength and efficiency of the antitoxin itself. This point is of great practical importance, and in long-continued epidemics, especially in small towns, re-inoculation would be necessary every three or four months. In cases where the inoculations were made rather later, and we had to deal not with diphtheria pure and simple, but a mixed infection, the statistics are not very favorable. Further investigations are necessary before positive conclusions can be arrived at.

THE ANTITOXIN TREATMENT OF DIPHTHERIA.

Katz (Archives Kinderheilkunde, B. xvii, H. 5, 6). One hundred and twenty-eight cases in all were treated. The diagnosis in each was confirmed by bacteriological examination. Of these cases but 17 were fatal,—a death-rate of 13.2 per cent. In former years, under the old methods of treatment, it was about 37 per cent. The cases are divided into four groups, according to the severity.

Forty-seven cases, mild, all recovered; 35 cases, moderately severe, 1 died; 42 cases, severe, 11 died; 4 cases, septic, all died. A slight eruption on the skin resulted from the injection in 6 and an abscess in 1. A positive influence or effect upon the local process in the throat was not observed. The course in most of the cases was long and tedious. Following the injection there was, as a rule, a rapid reduction in the temperature.

THE CARE OF THE EAR DURING THE COURSE OF THE EXANTHEMATA.

Dowine (Journal of Laryngology, Rhinology, and Otolgology, August, 1894) says that two-fifths of all middle-ear cases examined by him originated during the course of measles and scarlet fever; but this does not indicate the number of cases in which the ear is affected during these diseases, but rather points to the proportion of chronic ear affections which follow them. Many acute cases prove fatal; while others, on account of their acute character, have active treatment applied early, by which structural changes are prevented. For relief of nasal discharges the patient should be directed, from the very beginning of illness, to use the handkerchief frequently; and if the child is too young to do this, Politzer infla-

tion should be resorted to. Where the case does not come under observation till a late stage, and the pain in the ear is acute, and relief is not obtained by inflation, the membrane should be examined and incised without delay, especially if there be a sudden rise in temperature without any other explanation. This operation is of incalculable benefit to the patient, for it not only relieves the immediate pain, but saves the deeper structures of the ear and prevents the misery of a chronic otorrhœa, with its numerous attendant risks.

REFLEXES ORIGINATING FROM THE NOSE,
PHARYNX, AND LARYNX.

Casadesus, Barcelona (*ibid.*), relates the history of three cases showing some peculiar symptoms arising from intra-nasal, pharyngeal, and laryngeal irritation:—

1. A young girl of 16 was the subject of hysterical convulsions. These attacks were brought on by irritating the inferior turbinals, and were promptly relieved by applying a 10-per-cent. solution of cocaine to the parts. Cauterization of the sensitive areas resulted in a cure.

2. A lady, 35 years of age, complained of headache, palpitation, dyspepsia, œdema (both fixed and erratic), insomnia, etc. Applications of cocaine relieved the headache and a suffocated feeling, but in attempting to leave the office the patient was attacked with symptoms of hystero-catalepsy. The turbinals were irritated with a probe, and the cataleptic symptoms soon re-appeared. The sensitive zones were cauterized, which brought about an amelioration of all symptoms.

3. A girl of 16, of an hysterical nature, who complained of a peculiar sensation in the throat. Touching the slightly hypertrophied inferior turbinates brought on a strong convulsive attack. After a moment's intermission the attack re-appeared. Following day an application of cocaine stimulated another seizure, and these symptoms returned quite frequently during succeeding day. The inferior turbinals were freely cauterized, and after several visits the symptoms did not return. The feeling in throat, however, still persisted. On examination a sensitive spot was discovered in the left tonsil, which, when irritated, produced a convulsive paroxysm. The hyperæsthetic region in the tonsil was treated, and patient completely cured.

The author states that the result of his experience corroborates the opinion of Lichtwitz: "(1) The existence of hystero-genetic zones in mucous membranes; and (2) that these zones represent a more important part than that of being simply sympathetic, because their destruction terminates the series of nervous functional perturbations deriving from them."—*Annals of Ophthalmology and Otolaryngology*, October, 1894.

THE PHARYNGO-LARYNGEAL TYPE OF
MILIARY TUBERCULOSIS.

Catti (Wiener klinische Wochenschrift, June, 1894). In report of two cases the author adds a fifth to the already recognized four types of acute miliary tuberculosis, namely, the typhoid, broncho-pulmonary, meningeal, and intermittent.

The disease begins with more or less difficulty in swallowing. Uvula, soft palate, epiglottis, and aryepiglottic folds are seen to be swollen and œdematous, more or less red, showing in some cases small ecchymoses. There is also a profuse eruption of, in part, gray, transparent, miliary tubercles, rising somewhat above the level of the mucous membrane, and, in part, yellow miliary tubercles just under the surface of the mucous membrane.

Except for an hyperplasia of the lymph-glands of the neck and thorax and a markedly increased heart-beat, there are no other symptoms. The disease occurring in children is very rare, and may be easily mistaken for a diphtheritic affection of the larynx, on account of the symptoms of stenosis.

INCOMPLETE GRAVES'S DISEASE ASSOCIATED
WITH NASAL POLYPI.

Scanes Spicer (The Medical Week, November 16, 1894) exhibited before the London Clinical Society, November 9, 1894, a girl, 17 years of age, of a neurotic, excitable temperament, whose nostrils, when she first came for treatment, were distended with polypi to such an extent that they presented anteriorly and in the naso-pharynx, with conspicuous "frog-face" deformity. Three years ago, when attention was first called to the nasal condition, she presented symptoms of Graves's disease, viz., slight exophthalmos with marked elastic enlargement of the thyroid, associated with bruit and pulsation, tremor, tachycardia (pulse

140 to 196), and breathlessness. With removal of the polypi there was improvement in the size and pulsation of the thyroid, and the exophthalmos and tremors have disappeared (pulse 120 to 132).

The author thinks this case demonstrates the association of Graves's with intra-nasal disease, and moreover agrees with cases of Graves's disease described by Fränkel and others, in which great improvement has followed a cure of nasal disease.

Dr. Stoker cited a case with pronounced goitre in association with intra-nasal growths. Treatment of the nasal condition was followed within two months by complete disappearance of the goitre.

THE BENEFIT TO EAR PATIENTS FROM NASAL TREATMENT.

Gradle (Journal of the American Medical Association vol. xx, No. 22), in considering this important subject, concludes as follows:—

1. Acute suppurative inflammation of the middle ear, if not treated locally, has a tendency to become chronic, the tendency increasing with the age of the patient.

2. Chronic suppuration of the middle ear rarely heals without treatment. Neither acute nor chronic purulent otitis is influenced by nasal treatment, but the liability to relapses after cure is decidedly lessened by the removal of naso-pharyngeal anomalies.

3. Acute catarrh of the middle ear will generally terminate in complete recovery under aural treatment, and sometimes without it, provided there are no persistent nasal or pharyngeal lesions. But when these are present the disease is more likely to become chronic in spite of aural treatment, and in many instances can either not be cured, or, if improved, will speedily relapse unless the normal state of the nose and throat is restored.

4. Proliferation or adhesive disease of the middle ear is the consequence of retro-nasal catarrh, and its course is determined by the course of the disorder causing it. Aural treatment alone is practically useless in this form of trouble, while nasal treatment, if successful as far as the catarrh is concerned, will also arrest the ear disease.

The restitution of hearing, however, depends on the length of time the disease has lasted, and is often aided by the ear treatment after

the cure of the retro-nasal catarrh.—*The American Journal of the Medical Sciences*, December, 1894.

ABSTRACTS.

HYPERPYREXIA IN SERIOUS ICTERUS.

At a meeting of the Biological Society M. Hanot recalled the fact that he had published several cases of grave jaundice attended by depression of temperature. In these cases he had ascertained that the bacillus coli was the infectious agent. The speaker had recently observed a case attended by hyperpyrexia. Bacteriological examinations practiced during life and after death failed to reveal the presence of the bacillus coli in blood drawn from the liver or the veins of the neck, but this blood contained, even during life, the staphylococcus albus. From this single observation M. Hanot concludes that severe cases of jaundice with lowered temperature are due to infection by the bacillus coli, while similar cases in which the temperature is not depressed are caused by the staphylococcus.—*La Tribune Médicale*.

AN EPIDEMIC OF VULVITIS OCCASIONED BY A THERMOMETER.

MM. Weill and Bergeon, of Lyons, have observed, in a hospital ward under their care, an epidemic of vulvitis occurring among young girls. There was nothing to explain its origin, for it was scattered irregularly among occupants of various beds. The mode of its origin was, however, rendered clear by a fresh outbreak following the admission of a typhoid-fever patient. The contagion was spread by means of a thermometer which the nurse was in the habit of introducing into the anus of patients. The temperature was taken before and after each bath,—i.e., sixteen times,—and therefore the gonococcus was deposited sixteen times and became a powerful contaminating agent. The thermometer was simply plunged in water carbolyzed 25 to 1000. The reporters caused the instrument to be cleansed in a 33-per-cent. solution of hydrochloric acid and the epidemic was promptly arrested. Three months later there was a recurrence, as a new nurse began to take temperatures and again employed the old 25 to 1000 carbolyzed solution. Contamination was conveyed by the

part of the thermometer in contact with the vulva. Inflammation of the anus was in no instance caused.—*La Médecine Moderne*.

HYSTERICAL MANIFESTATIONS CONSECUTIVE TO TETANUS.

M. Berthier, of Lyons, at the French Congress of Internal Medicine, related the case of a patient who, in a fall, dislocated two phalanges of the right hand, one of the luxations being complicated by a wound of the joint. Eight days subsequently tetanus supervened. The right middle finger was amputated by M. Ferraton. This was the seat of the articular wound and gate of entrance to the infection. The tetanus, however, continued to develop and was cured at the end of a month. A year later the patient entered the hospital Desgenettes on account of nervous troubles, sensitive-sensorial hemianæsthesia of the right side of irregular distribution. The hand, forearm, and elbow were the seat of a complete anæsthesia. The articulations of the fingers, wrist, and elbow upon the right side were also anæsthetic. The remainder of the arm, the neighboring thoracic region, and the right half of the head were hyperæsthetic. There was enfeeblement of various sensorial sensibilities upon the right side and contraction of the visual field upon the same side. The local temperature of the right upper limb was lowered. There was slight trembling of the hand. The tremor of the lower jaw caused rattling of the teeth and disturbed the patient's sleep.

The hysterical symptoms had immediately followed the tetanus. There was no hereditary antecedent, neuropathy, alcoholism, tuberculosis, or arthritism. The exciting cause in this case must have produced the hysteria without the intervention of any hereditary predisposition.—*La Médecine Moderne*.

CONGENITAL HYDRONEPHROSIS.

M. Monod, in the name of M. Martin, of Geneva, reported to the Surgical Society a case of congenital hydronephrosis in a child 2 years of age. A preliminary puncture was followed by the escape of 600 grammes (about a pint) of fluid. The puncture caused sharp abdominal pain and vomiting. These effects, however, were rapidly allayed. Fifteen days later nephrectomy was performed by the lumbar route.

The orifice of the ureter was very small and doubtless to this fact the hydronephrosis must be ascribed. Simple puncture is inefficacious in such a case, and it sometimes gives rise to accidents. Lumbar nephrotomy is insufficient. The procedure of election is lumbar nephrectomy when the collection is limited to one side and the other kidney is healthy.—*La Médecine Moderne*.

ANEURISM OF THE SUBCLAVIAN AND CAROTID ARTERIES.

E. Mayer recently exhibited to the Medical Society of Berlin a butcher, 38 years of age, who had contracted syphilis fifteen years previously, and who for six weeks had suffered from hoarseness and for eight months from pain radiating from the back. The entire right half of the pharynx, especially the right tonsil, was the seat of energetic pulsation. The larynx was pushed to the left side by the pulsations. The right vocal cord was fixed in the position which it occupies in the cadaver, with a slightly-concave border. All the right side of the neck and the right subclavian fossa exhibited pulsation. A pulsating tumor, the size of a child's fist, could be felt behind the clavicle. There was dullness in the subclavian fossa and the first intercostal space. Moist râles were heard upon auscultation, and a blowing murmur could be distinguished above the carotid. The right radial pulse was very strong, and its beats were in accordance with those of the left side. The right frontal artery was tortuous, and beat more strongly than the left. The diagnosis was aneurism of the right subclavian and carotid, with paralysis of the right recurrent nerve. According to Mayer, the pulsation, by reason of its force and amplitude, suggested the existence of an aneurism. He drew attention, also, to the fact that paralysis of the recurrens is rare in consequence of aneurism of the subclavian, as only two cases are on record.

M. G. Lewin pointed out a rare phenomenon presented by the patient,—viz., the pulsation of the right wall of the pharynx.—*La Médecine Moderne*.

THE TOXIC EFFECTS OF EXALGIN.

At a meeting of the Therapeutical Society, M. Weber remarked that cases of poisoning by exalgin were extremely rare, three only having

been published, and two of these were very doubtful. He had, however, encountered a typical case. A woman, 32 years of age, took, one morning at 6 o'clock, a dose of 16 grammes (about $\frac{1}{2}$ ounce) of exalgin dissolved in 90 grammes (about 3 ounces) of water. At 7.45 A.M. she became restless, had gyratory vertigo, staggered, and fell. At this time, when asked how she was, she replied that she did not suffer. At 8.30 there was cyanosis, the pupils were dilated, there was semicoma, insensibility, and shivering. Asphyxia was present at 10 o'clock, and the extremities were cold. Electricity was applied to the phrenic centre, the patient was bled (the fluid was sepia-colored), and ether was injected. Vomiting came on at 4 P.M., after which a comatose condition alternated with attacks of clonic convulsions and cyanosis. Caffeine was injected. On the following day, twenty-two hours after absorption of the poison, urine was first passed, of a very dark color, and greenish toward the edges (as in poisoning from carbolic acid), containing an abundance of albumin and altered blood-globules. There was delirium during this day. The bowels were not opened until the third day, when memory was partly restored. Urine was passed freely on the fourth day, under the influence of milk ingested. The points of interest in this case were: 1. The enormous dose of the poison. 2. That its first effects were not manifested until one and one-fourth hours after absorption. 3. That vomiting first occurred at the end of ten hours. 4. The periods of coma resembling toxic uræmia. 5. The cyanosis after convulsions. 6. The dark-colored urine, loaded with albumin and indicating a grave renal hæmorrhage. 7. The psychical condition of the patient, memory for the events during intoxication being abolished.—*La Médecine Moderne*.

PSEUDOMEMBRANOUS COLITIS PRODUCED BY
FLOATING KIDNEY AND CURED BY FIXATION
OF THE ORGAN.

M. Weber, at a meeting of the Therapeutic Society, reported the following case: A lady, 30 years of age, fell upon her left side. In consequence, she suffered from pain at the seat of the injury, followed by a sudden discharge of urine. Subsequently there was frequent passage of small quantities of urine, with pain,

more continuous and less severe, while, at the same time, a diarrhoea supervened, accompanied by false membrane and all the symptoms of pseudomembranous colitis. This resisted all treatment, a certain degree of relief only being afforded by large antiseptic injections. On account of the symptoms produced by the floating kidney, an operation was performed. The displaced organ was fixed. Ten days after the operation the patient's appetite became vigorous and the membranous discharges suddenly ceased. The coincidence was so remarkable that the speaker was led to think that the nervous disturbances caused by the displaced kidney had led to self-consumption of the epithelial layer of the bowel, and that this was the source of the false membranes. Order being restored by fixation of the kidney, the patient digested her food, and not a portion of the intestine.—*La Médecine Moderne*.

A CASE OF PARAPLEGIA FROM SMALL-POX.

In a communication to the Biological Society, MM. Auché and Hobbs said that they had observed, in a woman of 24 years, suffering from small-pox, the sudden development of a paraplegia with almost complete anæsthesia and paralysis of the sphincters. The paralysis occurred in consequence of urinary infection by the bacterium coli, and the patient succumbed seventeen days after the advent of the complications. When the cord was examined active congestion was found, together with small hæmorrhagic exudations external to the dura mater, in the lower half of the dorsal region. A number of vessels of the pia mater were thrombotic and obliterated. In the infiltrated portion of the pia mater micrococci were detected. The nerve-cells and fibres were altered, but no microbes were found in the nervous tissue. Cultures revealed the presence of the bacterium coli and streptococci.—*La Médecine Moderne*.

ACUTE NEPHRITIS AND HEREDITARY SYPHILIS.

At a meeting of the Medical Club of Vienna, Dr. Hock exhibited an infant 3 months of age, the victim of hereditary syphilis, in whom had been observed an acute nephritis. The mother, 25 years of age, had been accidentally infected during the early months of her pregnancy. Iodide of potassium and

local treatment had caused the manifestations to disappear. She was delivered of a feeble child, who soon died. A year later she gave birth to the babe exhibited. Except for a coryza, the child seemed healthy when born. At the second month the infant was attacked by a papular eruption of the scrotum, an exanthem upon the extremities, and a palmar psoriasis. A physician who had treated the child made use of mercurial plaster. This method, however, he was obliged to relinquish on account of the cutaneous irritation produced, and 0.025 gramme (about $\frac{1}{3}$ grain) of protiodide of mercury daily was prescribed. The eruptions soon vanished, but the scrotum, penis, and lower extremities became oedematous. On account of this oedema it became necessary to remove a bandage which had been applied for an umbilical hernia. The dropsy increased, and the mother noticed that the babe passed but a small quantity of urine, which was of a dark-red color. The fluid contained albumin and a sediment consisting of casts with red and white blood-corpuscles. Diuresis was promoted by means of tincture of strophanthus, and the oedema disappeared. Iodide of potassium was given in doses of 0.25 gramme (about 4 grains) *per diem*. The condition improved in every respect. It is to be noted that the mother was, at the end of a year, delivered of a full-term child without having followed any systematic treatment, and that the symptoms did not appear until two months after confinement. Acute nephritis has not hitherto been observed in hereditary syphilis. It is difficult to decide whether any relation exists between the mercurial exanthem and the nephritis.—*La Médecine Moderne*.

A CASE OF CO EXISTENCE OF TYPHOID FEVER
AND ASIATIC CHOLERA.

M. Possajny publishes, in the Gazette de Botkine, a case which he has observed in the Hospital Obouchowski, of St. Petersburg. A lad, 18 years of age, entered the hospital with diarrhoea and vomiting. The temperature was 37° C. (98.6° F.). The beginning of the disease dated back one week. There had been general debility, headache, anorexia, and gastro-intestinal disorder. The later evolution of the malady especially had been that of typhoid fever. There was a roseolar eruption, an increase in the size of the spleen, meteorism,

and elevated temperature. Four days after entering the hospital, however, the symptoms of cholera suddenly made their appearance, and in another four days the patient perished. The autopsy revealed the presence of lesions denotive of both diseases. In the bacteriological examination the bacillus of Eberth and the comma bacillus were found.—*La Médecine Moderne*.

ANTEVERSION AND ANTEFLEXION OF THE KIDNEY
CONSECUTIVE TO A NEPHRORRHAPHY.

At a meeting of the Surgical Society, M. P. Segond called attention to an interesting case communicated under the above title by M. Walther. It concerned a woman, 28 years of age, upon whom M. Segond had operated about five years ago on account of pain caused by a floating kidney. An interior nephrorrhaphy was performed, the patient was cured, and the functional result was perfect. The renal pain disappeared until about two and one-half years ago, when the woman had a fall and immediately experienced an extremely violent pain in the kidney which had been fixed. It felt, to use her expression, as if the organ had been twisted. The pain was atrocious, persisted, and, in fact, grew more intense. The patient was sent to the speaker by M. Walther. Examined under chloroform the kidney was found in place and immovable. A perineal laceration, from which she suffered, was repaired, but no other operation was undertaken, and she left the hospital still complaining of renal pain.

This pain persisted for more than two and one-half years, when M. Walther resolved to operate. Following the line of M. Segond's incision, he found an extremely solid, fibrous tract, attaching the kidney to the abdominal wall, but corresponding only to the lower half of the viscus, its upper half being turned and bent forward. M. Walther replaced the flexed portion and attached it likewise to the abdominal wall. The result was perfect, and the patient, freed from pain, as after the original operation, was able to resume her occupation.

This case forcibly demonstrates the utility, in certain cases, of the surgical treatment of floating kidney, although the speaker did not advocate its practice in all cases. He had performed six operations, generally for the relief of pain, and the results, from that point of view,

had been favorable. As a rule, he was satisfied that the treatment of mobile kidney should be governed by the nature of its cause, and that it may usually be of a medical character, and notably by means of a large compress and abdominal bandage. A resort to operation should be thought of only when this method fails to relieve pain.—*La Semaine Médicale*.

LAPAROTOMY FOR ADHESIONS BETWEEN THE STOMACH AND LIVER.

M. Terrier related the following history at a meeting of the Surgical Society: A woman, 58 years of age, was attacked for the first time ten years ago by gastric disturbances, attended by vomiting and emaciation. After an improvement which lasted for several months, gastric pain and hæmatemeses made their appearance and caused a diagnosis to be made of ulcer of the stomach. These symptoms in their turn vanished for two years, during which time the patient continued in good health. She then became again subject to vomiting, and her general condition rapidly failed. Entering the Hospital Bichat nothing was found upon examination but epigastric pain. There was no tumor. An exploratory laparotomy demonstrated that the stomach was healthy, but that it was united by solid adhesions to the posterior surface of the left lobe of the liver. The colon was free. The adhesions were divided and the patient recovered. Eight months after the operation she had gained eighteen pounds in weight and remained free from gastric difficulties.—*La Tribune Médicale*.

ETIOLOGY OF PAROTIDITIS.

At the French Congress of Internal Medicine, MM. Paul Claisse and Ernest Dupré, of Paris, stated that clinical and anatomico-pathological observation had permitted them to establish the buccal origin of parotiditis and the anatomical extension of its lesions. In their researches they had traced the topographical relations of the colonies of microbes with the cellular lesions, had drawn up a list of pathogenic bacteria, and had shown, by experiments upon animals, the mechanism by which the lesions are produced.

The salivary infections, a simple chapter of the history of glandular infections, should be studied according to the experimental methods. From their researches the speakers drew the

following conclusions: Parotid infection has a buccal origin, an ascending course, and a canalicular topography. On the contrary, it is proper to recognize the extreme importance of old or recent lesions of the parenchyma. These are of a degenerative order (as narcosis, steatosis), and end in the functional destruction of the gland. Canalicular lesions of an inflammatory nature, generally suppurative, depend upon ascending and progressive infection. This may be due to staphylococci (65 per cent.), pneumococci (21 per cent.), streptococci, the bacillus of Friedlander, tetrages, saprogenes, etc.

At the beginning of certain secondary inflammations of the parotid gland there exists a period of aseptic salivary retention comparable to hydronephrosis. The speakers had produced this condition experimentally and proposed to call it hydroparotid.—*La Médecine Moderne*.

NUTRITIVE DISORDERS IN BERIBERI.

At the same meeting M. Mossé alluded to a case of suddenly-developing beriberi—œdematous paralysis with blindness—in which he had the opportunity to make an examination relative to the disorders of nutrition. The patient suffered from optic neuritis with central scotoma and consequent blindness. The urine exhibited a sensible diminution of urea and an almost parallel decrease of other constituents. There was a decrease of the red blood corpuscles and an increase of the leucocytes. The urea in the blood was diminished. In several muscles a partial reaction of degeneration was obtained, notwithstanding the return of voluntary motion.—*La Médecine Moderne*.

TERPENE.

After alluding to the virtues of terpene in whooping cough, chronic bronchitis, and pulmonary tuberculosis, Dr. Delmis says, in *Le Bulletin Médical*: "Terpene being nearly insoluble in water, while it dissolves readily in alcohol, it may be advantageously prescribed in the form of an elixir. In combining it with coca, as M. Mariani has done in his liqueur of terpene and coca, an excellent preparation is obtained, very agreeable to the taste, which is an important property in the treatment of tuberculous patients with impaired powers of digestion. This mixture is well borne, and the tonic action of the coca adds

to the specific effect of the terpene. We have used it with the best results in the dose of 2 to 4 teaspoonfuls a day in pharyngo-laryngitis, chronic bronchitis, catarrh, emphysema, and dilatation of the bronchi. In the early stage of tuberculosis, hæmoptysis is arrested and strength restored by the use of this remedy. Even in advanced stages of consumption it is of benefit. These happy results have led us to draw attention to a preparation capable of rendering such service."

THERAPEUTIC NOTES.

TO LUBRICATE CATHETERS.

The Paris correspondent of the *Lancet* says that Professor Guyon, of the Necker Hospital, uses the following formula:—

℞ Bichloride mercury, . . . gr. j.
Glycerin, ...
Water, ... 3ij.
Powdered soap, ... 3iv.—M.

This ointment is claimed to be unirritating to the urethra, and to possess greater lubricating power than either oil or glycerin.—*Virginia Medical Monthly*.

NEURALGIA.

Dr. Thomas S. Lane, of Bronte, Tex., writes to the *Medical Brief* that for twenty years he has used, with decided success:—

℞ Potassii nitratis, ... 3iv.
Aq. camphoræ, ... 3j.

M. Sig.: One teaspoonful in a half-wineglass of water every fifteen minutes until relieved.

WHOOPIING-COUGH.

Dr. Variol recommends, in the treatment of this disease, the following formula, of which a dose should be given in the morning, afternoon, and evening in a little sweetened milk:—

℞ Potassii bromidi, ... 3ij.
Tincturæ valerianæ, . . . 3ij.
Aquæ, ... 3ixss.—M.

To infants, 3 teaspoonfuls; to children of from 2 to 5 years, 3 dessertspoonfuls. An hour afterward he gives the same quantity of the syrup of turpentine. This treatment combines the action of the balsams on the bronchial secretion by the turpentine, and of the antispasmodics by the bromide of potassium and valerian.—*Toledo Medical Compend*.

HEADACHES IN HEART AND KIDNEY DISEASES.

℞ Pulv. fol. digit., ... gram. 1.
Antipyrin, ... gram. 10.
Caffeine, ... gram. 1.5.
Sod. benzoat., ... gram. 2.
Cocain hydrochlor., . . . gram. 0.5.
Pulv. opii, ... gram. 0.5.
Pulv. quin., ... gram. 1.
Glycerini, q. s. ut ft. pil. 50.

M. Sig.: 1 to 5 to be taken daily.—*Medical Times and Hospital Gazette*.

TYPHOID FEVER.

Dr. J. G. Steiner, of Knox Dale, Pa., reports excellent success from a method based upon the formulæ of Dr. Eliot Woodbridge, of Youngstown, O.:—

℞ Hydrarg. chlor. mitis, . . 3j.
Guaiaicol carb., ... 3vj.
Thymol, ... 3v.
Menthol, ... 3j.
Sacch. alb., ... 3ij.
Eucalyptol, as much as this will take up.

M. Sig.: Give a No. 5 capsule filled with the mixture every fifteen minutes until fever shows daily abatement.

Follow by

℞ Eucalyptol, ... ℥x.
Guaiaicol, ... ℥ij.

M. Sig.: For one dose. Give every third hour.

And

Zinci sulpho-carbolat. gr. iiss every three hours, and bismuth subnit. gr. v every six hours, as long as required by the diarrhœa.

When the fever is reduced, give the No. 5 capsule and its contained mixture every half-hour, then every hour, and finally at longer intervals.

Dr. Adolph Kœnig, of Pittsburgh, Pa., has used with satisfaction the following mixture:—

℞ Guaiacolis, ...
Glycerini, ... 3ss f3ij.
Alcoholis, ... f3iv.

M. Sig.: Five drops in whisky and water every two hours.—*Food*.

TUSSOL.

This name has been given to a compound of amygdalic acid and antipyrin. The *Wiener klinische Wochenschrift* states that Dr. Rehn, of Frankfort-on-the-Main, has used the drug in a number of cases of whooping-cough in children, that he has found it quite useful in

reducing the frequency of the paroxysms and mitigating their intensity, that its action is different from that of simple antipyrin, and that no untoward effects have been observed from its use. It is soluble in water, and as a corrigent raspberry-syrup is better than milk. The minimum doses for children are as follow: Under 1 year of age, from $\frac{3}{4}$ -grain to $1\frac{1}{2}$ grains two or three times a day; from 1 to 2 years, $1\frac{1}{2}$ grains three times a day; from 2 to 4 years, from $3\frac{3}{4}$ to 6 grains three or four times a day; for older children, $7\frac{1}{2}$ grains four times a day or oftener.—*New York Medical Journal*.

PRURITUS VULVÆ.

A formula given in *El Siglo Médico* is:—

R Corrosive sublimate, . . .	gr. xv.
Indigo carmine, . . .	gr. viij.
Alcohol of 90°, . . .	f℥iss.
Aquæ, . . .	f℥iiliss.

M. Sig: For local use thrice daily.

PRURITUS.

R Oxide of zinc, . . .	25 parts.
Starch-powder, . . .	25 parts.
Vaselin, . . .	50 parts.
Menthol, . . .	5-8 parts.
R Oxide of zinc, . . .	10 parts.
Subnitrate of bismuth, . . .	10 parts.
Menthol, . . .	1-30 parts.
Starch-powder, . . .	1-30 parts.

—*Medical Times and Hospital Gazette*.

FOR BRONCHORRHEÆA.

R Copaiba, . . .	℥iij.
Tincturæ chloroform. compositæ, . . .	℥xx.
Mucilaginis acaciæ, . . .	℥vij.
Liquoris potassæ, . . .	℥j.
Aquæ cinnamomi, . . .	ad ℥vij.

Misce et fiat mistura.

Sig.: An eighth part to be taken three times daily.—*Medical World*.

BURNS.

Unna applies:—

R Lanolini, . . .	10 parts.
Adipis benzoati, . . .	20 parts.
Aq. calcis, . . .	30 parts.

—*Gaillard's Medical Journal*.

PICRATE OF AMMONIUM IN MALARIA.

S. P. Popoff, of Vernyi, Siberia, warmly recommends picrate of ammonium internally in intermittent fever. He tried the remedy (dose not stated) in 42 successive cases (mostly

of quotidian fever); of the number, 37 were recent, and all ended in recovery, the paroxysms ceasing, on an average, in four days. Of the 5 inveterate cases, 2 were also cured, but in 3 the remedy failed. In 5 other cases antipyrin and in 6 methylene blue were tried, the results being disappointing (4 and 5 failures respectively).—*British Medical Journal*.

SCIATICA.

Dr. Richmond gives:—

R Opii pulv., . . .	gr. xij.
Ipecac. pulv., . . .	gr. xij.
Sodii salicyl., . . .	℥j.
Extr. cascari., . . .	q. s.

M. et div. in pil. no. xij.

Sig.: One or two pills for a dose.—*Tri-State Medical Journal*.

NIGHT-SWEATS OF PHTHISIS.

After a comparative trial of eight remedies, Dr. Henry Conkling writes thus of chloralamid and agaricin:—

"Chloralamid is a good remedy. It produced sleep and stopped the cough and sweating. It had no disadvantages, either producing the desired result or proving inert. It merely diminished the sweating in less than one-fourth the administrations, failed in about the same number, and succeeded in over one-half. It was given at bed-time, in doses of 30 or 35 grains, in powder.

"Agaricin is the most successful of all the drugs. Excellent results in young subjects. Skin remained perfectly dry. Its power not weakened by repetition. Can be used for any length of time. No disadvantages. The sweating diminished in one-eighth of the administrations, stopped in three-fourths, and failed in the rest. Given in pill form, one-twelfth grain, at bed-time, or one pill late in the afternoon and another one in four or five hours."

ERYSIPELAS.

Dr. Ben. H. Brodnax, of Brodnax, La., indorses, from personal experience, the following treatment:—

Measure out, for an adult, three 10-grain doses of calomel and three 20-grain doses of nitrate of potassium. Give alternately, every half-hour, commencing with the calomel.

CYSTITIS.

Dr. Brodnax writes: "Try santolin sulphate, in full doses, three to four times a day.

Push to the full endurance. I do not think you will have to use any injection of any kind. I used this in washing out the bladder with solution of teaspoonful of boric acid to pint of rain-water. Cure effected in three days."

BRONCHITIS.

Dr. M. A. Cohn, of Brooklyn, writes to the Medical Summary in praise of a formula given him by Dr. David C. Lewenthal:—

℞ Ammon. carb.,
Natr. salicyl., ... 3j.
Tinct. opii camph., ... 3j.
Syr. prunis virg.,
Syr. toltan., ... 3j.
Aq. camph., ... ad 3iv.

M. Sig.: One dessertspoonful every three hours.

PNEUMONIA IN CHILDREN.

In order to reduce high fever, Dr. M. A. Cohn reports favorably, in the Medical Summary, of Dr. Lewenthal's prescription:—

℞ Phenacetin,
Quinia sulph., ... 44 gr. j.
Caffein.,
Natr. benz., ... 44 gr. ½.

M. ft. pulv. no. i.

Sig.: As one dose every two to four hours for a child 16 months of age.

PERNICIOUS ANÆMIA.

Dr. J. N. Danforth obtained good results from a combination of:—

℞ Liq. potas. arsenitis, ... 3iiss.
Acid phosphate, ... 3iij.
Ext. bone-marrow, ... ad 3viiij.

M. Sig.: Two drachms after each meal.

EMMENAGOGUE IN CHLOROSIS.

Dr. Homer C. Bloom, of Philadelphia, recommends:—

℞ Ferri peptonat., ... gr. xij.
Mangani peptonat., ... gr. ij.
Acid oxalic, C. P., ... gr. ij.
Alcoholis, ... 3iij.
Aquæ, ... q.s. ad 3iv.

M. Sig.: Two drachms t. i. d.—*Med. News.*

A RHUBARB DRAUGHT.

℞ Pulveris rhei, ... gr. xxx.
Sodii bicarbonatis, ... gr. xx.
Spiritus myristicæ, ... ℥xx.
Syrupi zingiberis, ... 3j.
Aquæ floris aurantii, ... ad 3iiss.

Misce et fiat haustus.

To be taken at bed-time.

FOR INTERTRIGO IN CHILDREN.

℞ Liquoris plumbi subacetatis, 3iv.
Acidi borici, ... gr. xx.
Extracti hamamelis dest., ... 3ij.
Lactis recentis, ... ad 3x.

Misce et fiat applicatio.

To be applied on a pad of absorbent cotton-wool to the affected parts.

AN ALKALINE CHALYBEATE TONIC.

℞ Ammonii carbonatis, ... gr. iij.
Ferri tartarati, ... gr. v.
Syrupi zingiberis, ... 3j.
Infusi cascariillæ, ... ad 3j.

Misce et fiat mistura.

Two tablespoonfuls to be taken three times a day after meals.—*Times and Register.*

ASTHMA.

℞ Chloral,
Potassium iodide, ... 3ss.
Syrup of oranges, ... f3vj.
Water, ... f3vj.

Two to five tablespoonfuls a day.—*Medical Era.*

AN ANTISPASMODIC AND CARMINATIVE DRAUGHT.

℞ Spiritus ammoniæ fœtidæ, ... ℥xxx.
Spiritus ammoniæ aromatici, ... ℥xxx.
Syrupi floris aurantii, ... 3j.
Aquæ camphoræ, ... ad 3j.

Misce et fiat haustus.

To be given three or four times daily, as required.—*Times and Register.*

ZINC SUBGALLATE.

Zinc subgallate is a siccative and antiseptic, and is recommended as a dressing for eczema, fresh and septic wounds, and other specific lesions of the skin; also for otorrhœa and hæmorrhoids. It is applied pure or diluted with indifferent powders or ointments. For injections in gonorrhœa it is suspended in water and mucilage in the proportion of 1 in 16. Internally zinc subgallate is recommended in doses of from ½ to 4 grains in fermentative disorders of the intestines and night-sweats.—*Western Druggist.*

PYROZONE IN DENTISTRY.

Dr. Frank L. Shattuck, of the Detroit College of Medicine, says: "I always rely on surgical treatment for a curative process in pyorrhœa alveolaris; afterward prescribe to the patient pyrozone, 3 per cent., as a palliative. As pyrozone, after its decomposition, leaves no material in the system which is

foreign, it is, therefore, the most efficient and harmless disinfectant or prophylactic that can be used in all forms of purulent inflammation. In the 25-per-cent. solution (aside from its use in pyorrhœa) I find it the 'acme' of protection in restoring discolored teeth. To be able to enliven its energy by heat is its truly remarkable power, as upon heat we depend very greatly. I might add that in all the several applications of pyrozone heat will only render its power more effective."

H. C. Raymond, D.D.S., says: "I take pleasure in saying, as a bleaching agent, I have had some excellent results with the 25-per-cent. solution, and it promises to be exceedingly useful in the treatment of pyorrhœa alveolaris. The 5-per-cent. solution I use largely in setting crowns and bridges, its styptic qualities rendering it extremely valuable in arresting any bleeding, and in effectually stopping up the pores through which moisture will find its way. Operators in crown and bridge work who have not used pyrozone for this purpose have no idea what an aid it is in keeping the parts perfectly dry. I prescribe 3-per-cent. pyrozone for my patients, to be used as a mouth-wash just before retiring, and specially urge its use to those wearing plates and crowns, or bridges, for its prophylactic qualities are, in my opinion, inestimable."

NEURASTHENIA.

Lépine recommends:—

℞ Gallobromol, . . . 3iiss.

Dissolve in

Distilled water, . . . f ʒiv.

Syrup of currents, . . . f ʒj.

M. Sig.: Two or three teaspoonfuls daily.—*El Siglo Méd.*

WHOOPING-COUGH.

℞ Phenacetin, . . . gr. viij.

Glycerin, . . . f ʒiij.

M. Sig.: To children a year old give half a teaspoonful every two hours until the paroxysms become less frequent and less intense.—*El Siglo Méd.*

THYROIDIN IN MALIGNANT PRECOCIOUS SYPHILIS AND OBESITY.

Dr. J. D. Menzies, of the English Navy, has had occasion to treat several cases of malignant precocious syphilis, an affection which is particularly frequent amongst the Hindoos.

The patients were cachectic, bearers of squamous, ulcerating, and osseous lesions where the mercurials and iodides had been administered in vain. The dry extract of the thyroid glands of sheep was given, in the form of tablets, 25 to 50 centigrammes *per diem*, while all specific medication was suspended. In all these cases he obtained a more or less considerable amelioration of the local as well as of the general condition. The cutaneous and osseous lesions healed, at least partly, and the pigmentations following the skin lesions disappeared as well.

Another English physician, Dr. N. Yorke-Davies, of London, has discovered these same tablets to be a precious addition to the treatment of obesity. Thus, in patients placed under both an appropriate diet and treated with thyroidin, the decrease in weight was from two to three times greater by dieting alone.—*Medical and Surgical Reporter.*

CONSTIPATION.

In a paper in the Brooklyn Medical Journal on the constipation of tea-poisoning, Dr. James Wood, of Brooklyn, gives the following formula:—

℞ Inspissated ox-bile, pure
(Merck), . . . 2 scruples.
Sulphate of quinine, . . . 1 scruple.
Sulphate of strychnia, . . . 1 grain.
Extract of cascara sagrada, 1 scruple.
Extract of euonymus, . . . 2 scruples.
Extract of gentian, . . . q. s.

M. Sig.: Divide into 40 capsules. Two are used morning and night.

GONORRHOEA.

After the discharge has persisted for six days, Dr. Edward Pendleton, of Owensboro, Ky., uses as an injection:—

℞ Acid. borici, . . . ʒij.
Tr. iodi, . . . f ʒij.
Glycerin, . . . f ʒj.
Aquæ, . . . q. s. ad f ʒiv.

M. Sig.: Inject three times daily.

PERIOSTITIS.

℞ Hydrarg. biniodid., . . . gr. x.
Potass. iodid., . . . ʒj.
Ext. belladonn., . . . ʒj.
Ung. ceri, . . . ʒij.

M. ft. ungt.

Sig.: For external use.—*Medical Review.*

ELECAMPANE.

Elecampane has been found of especial use in malaria, tuberculosis, catarrhal diseases, whooping-cough, and chronic bronchitis. One grain of the inulin added to 10,000 of urine will prevent the latter from decomposing. With this evidence it would seem as if it would prove a true bactericide in wasting diseases.—*Medical Standard*.

ODONTOL.

A preparation bearing the above title, and said to be of superior excellence, is made according to the following formula:—

R Hydrochlorate of cocaine, . gr. xv.
Ess. cherry-laurel, . . . ℥xv.
Tr. arnica, ... 3iiss.
Solut. acetate ammonium, . 3v.

N. Sig.: Apply to teeth or gums.—*La Médecine Moderne*.

THE EXTERNAL USE OF PILOCARPINE IN NEPHRITIS.

M. H. Mollière, of Lyons, has good results from application of an ointment composed of

R Pilocarpin. nitrat., . . gr. i-iss.
Vaselin., ... 3iij.—M.

A stronger preparation will cause an eruption. This ointment is suitable to all cases except when uræmia is present.—*La Médecine Moderne*.

THE EMPLOYMENT OF CIDER AND PERRY IN HEALTH AND IN SICKNESS.

The Journal des Praticiens contains a review of a work by M. F. Aury, in which the writer remarks that the author of this original thesis aims, with praiseworthy intentions, to restore to these two drinks the recognition of their prophylactic merits and curative action, which seem to him to have been too nearly lost. As an alimentary drink, he advises weak cider, which is free from pathogenic microbes, well tolerated by the stomach, and a prophylactic of the uric-acid diathesis. It is the most eligible drink, he says, in intermittent fever, in vomiting, in the uric-acid diathesis, and in arthritis. Pure, it is a tonic, and is useful in chlorosis, in anæmia, and for convalescents. It is also, he adds, a topical antiseptic in varicose ulcers and recent wounds. Medicinal ciders may be prepared by the maceration or solution of certain drugs in cider, such as calumba, gentian, cinchona, and vari-

ous antiscorbutics or even diuretics, which are comparable to the wines of the Charité or the Hôtel-Dieu.

With regard to perry, the author recommends this less heartily. It may, however, he says, when it is effervescent, take the place of champagne in the hygienic therapeutics of diseases.—*New York Medical Journal*.

BRONCHIAL COLDS.

The following formulæ are employed in the medical clinic of Dr. S. Solis-Cohen at the Philadelphia Polyclinic:—

R Phenyl salicylate, . . . 1 drachm.
Terpin hydrate, ... 1 drachm.
Codeine sulphate, ... 2 grains.

Mix and make 20 capsules (or pills). Dose: One every four hours.

This formula (variously modified) is used in the treatment of "bronchial colds," of the bronchitis of influenza, of acute and subacute pleurisy, and of febrile exacerbations with pleuritic or pneumonic phenomena in the course of pulmonary tuberculosis.

R Ammonium salicylate, . gr. xl.
Ammonium carbonate, . gr. xxiv.
Ammonium chloride, . . gr. lxxx.
Fld. extract of coca, . . f 3iv.
Glycerin (or syrup of bitter orange or syrup of wild cherry), ... f 3iss.
Water, enough to make . f 3iv.—M.

CANCER OF THE CERVIX UTERI.

R Iodoformi, ... gr. xv.
Ext. opii, ... gr. viij.
Ess. bergamotte, ... ℥x.
Ol. theobrom., ... 3iiss.

M. Sig.: To make 12 suppositories; 1 to be introduced into the vagina when necessary.—*Prescription*.

METHYLENE BLUE IN LEUCOCYTHÆMIA.

Gram tried chloride of methylene blue, in doses of 0.10 gramme (1½ grains), three times a day, in four cases of leucocythæmia. During the administration of the drug the number of leucocytes diminished and the patients seemed to improve; but three of the cases ended fatally and the fourth was finally discharged from the hospital unimproved. In some instances the drug seemed also to cause a diminution in the number of red corpuscles.—*Universal Medical Journal*.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
THE F. A. DAVIS CO., Publishers.
S. C. BERGER, Business Manager.

Philadelphia, Jan., 1893.

STATISTICS IN REGARD TO THE ANTITOXIN TREATMENT OF DIPHTHERIA.

DIPHTHERIA, so commonly prevalent in crowded cities, so often epidemic in country towns and retired hamlets, is such a terrible scourge that we all stand ready to welcome any improved plan of treatment. Notwithstanding the numerous remedies, local and general, which have hitherto been employed, we must confess that the mortality rate has been very large. To the dangers dependent upon specific infection are often added those produced by mechanical obstruction of the upper air-passages. When the larynx is invaded we may avert immediate death by a resort to tracheotomy or intubation. The operation does not, however, prevent the extension of the disease. Tracheotomy, in particular, is followed by disadvantages of its own. It facilitates the development of bronchitis or pneumonia, and the wound is very liable to become diphtheritic. Given a serious toxæmia with mechanical obstruction to respiration, with a tendency to the occurrence of secondary inflammations of the air-passages and acute renal trouble, the conditions are indeed formidable to meet with any therapeutic measures formerly at our command. Despite our most strenuous efforts, the mortality of this disease has been extremely high. Doubtless diphtheria, like other acute infectious disorders, differs considerably in severity in different epidemics. Some are comparatively mild, while others run a deadly course. It is, therefore, only by the average of many years and many epidemics that we can approximate the actual rate of prevalence and fatality of diphtheria.

Statistics can teach us much, can assure us

concerning the ratio of cases to the population and the average probability of death or recovery. We do not question that the diligent collection and intelligent study of statistics have an important part in enlarging the fields of knowledge. As made use of by one like Quetelet, the "laws of large numbers" become, at any rate, of tremendous suggestive import. The field of statistics is, on the other hand, limited by numerous fallacies. As regards medical statistics, the capital consideration, the *sine qua non*, is that they should rest upon a foundation of unimpeachable diagnosis.

The treatment of diphtheria by means of antitoxin offers us a decidedly promising method. The theory upon which it is founded is in strict accord with the tendency of scientific research and speculation. It seems to suggest the means by which, in the future, we may be able to control the progress of specific infections. The manner in which Nature effects a cure of a contagious, infectious, self-limited disease and the mode in which immunity to such diseases is conferred are deep problems. We may not assert that those problems have yet been solved, but a flood of light has, in the past few years, been thrown upon the question. The study of bacteriology, in its broadest sense, has given us the clue to the solution.

It is far from sufficient to be able to recognize the forms of pathogenetic microbes when these have been prepared and placed under the microscope. We need to know the chemical poisons elaborated by the micro-organisms and their influence upon the animal system in health and disease. We wish to understand how different bacterial products may possess counteracting effects. As these points are discovered our conceptions of infection enlarge.

It is in connection with such questions as these that the antitoxin treatment has had its origin. Its mode of genesis is, accordingly, in some degree a guaranty, if not of its efficacy, at least of its probable worth. Its efficacy can only be determined by the test of actual clinical experiment.

Clinical experiment must, however, be

governed by the same laws which regulate investigations in other branches of physical science. It is true that, in studying disease in the human subject, the conditions upon which wise judgment must be formed are much more complex than in other branches of Nature. In order to estimate the comparative value of different therapeutical methods in diphtheria, the physician must first assure himself that he is indeed dealing with a case of diphtheria. Here, again, we are pointed back to the study of bacteriology. In case of doubt the question can be indubitably settled by the recognition of the Klebs-Löffler bacillus. In fact, as a strictly scientific investigation, the presence of the bacillus should be demonstrated in every case recorded as an instance of the remedial or immunizing power of the diphtheria antitoxin. This may not, perhaps, be possible in every-day practice, but it can only be from such examinations that absolutely reliable statistical tables can be formed.

And yet, to meet the demands of daily duty, should there often be a mistake in the diagnosis of diphtheria? We lay aside the oft-disputed question as to the unity or duality of laryngeal diphtheria and membranous croup. The fact that such a doubtful question does exist, however, is a further argument in favor of confirming by bacteriological examination the diagnosis of every case which is admitted into tables intended to show the value of the new method of treatment. Ordinarily, it would seem that one could scarcely make a mistake. Do we not all retain a vivid recollection of the first case with which we were, as young practitioners, brought into contact? Having seen it once, can we ever fail to recognize its typical feature?

Nevertheless, the typical feature may be disguised. Classical cases occur nowhere except in text-books. Our diagnostic schemes are beautifully clear on paper. It is at the bedside that the picture is apt to be obscured. It would almost seem, moreover, as if the picture of diphtheria were far from clear in the minds of all physicians. We will lay no stress upon matters of popular hearsay, though it is of common occurrence to hear of cases being pronounced diphtheria which every point of

evidence goes to show could have been of no such character.

We admit, however, that cases are not infrequently met with in which an absolute and prompt diagnosis is a matter of difficulty. Acute follicular tonsillitis may bear a close resemblance to diphtheria. Points of exudation derived from neighboring crypts may coalesce into a continuous sheet of deposit which has a very doubtful appearance. We have observed a marked instance of this kind within the last few months. To add to the confusion which may arise follicular tonsillitis occasions fever, enlargement of cervical glands, and prostration of strength. Furthermore, this and other forms of sore throat afford an excellent field for the development of the Klebs-Löffler bacillus; so that what began as a common inflammation may be transformed into a diphtheritic process.

During the last few weeks we have noticed in the journals reports of many cases of diphtheria successfully treated by means of antitoxin. The cases were so numerous as to excite the thought that they were in excess, and that a proportion were instances of other affections. It is highly desirable, both in the interest of science and humanity, that the new method should be thoroughly and impartially—that is, scientifically—examined. The presumption is that the specific antitoxin of diphtheria can be a beneficial remedy in that disease alone, and that if mistakenly applied to others it will fail to have the desired effect, and may even prove directly injurious. It is, consequently, simple justice to a therapeutical procedure which may prove of the highest value in a destructive malady that the cases submitted to its influence should be properly chosen. Otherwise the agent may be undeservedly discredited.

SCARLATINIFORM RASHES.

THE study of erythematous eruptions, especially in children and when accompanied by fever, is not only interesting in itself, but it is also charged with much importance in relation to a physician's reputation and success. As a rule, one must quickly prove

himself the master of the situation. Failure of identification is fraught with mortification and reproach. The mother, bending anxiously over her child, inquires, "Is it scarlet fever?" It is that disease so justly dreaded by parents, which every erythematous eruption suggests. It is not in every instance that the physician is able, from the appearance of the rash alone, to pronounce decidedly concerning its nature and origin. It will be frequently necessary for him to inquire into the history, to compare local with general conditions, and to debate cautiously with himself in regard to the meaning of a suspicious throat. Some erythemas closely resemble the rash of scarlet fever. On the contrary, the eruption of undoubted scarlatina is not always as distinctive as could be desired, and, in order to frame a diagnosis, we must take other manifestations of the case into consideration. The eruption may first come out upon the forearms or legs instead of the face. The febrile movement may not be very active. The sore throat may not be very well marked. Yet the case may be genuine scarlatina and may possibly, after a favorable progress through the early stages, prove fatal from nephritis. We recall a case, mild as to fever and throat, in which the earliest objective manifestations were a rose-colored erythema developing first upon the forearms and face, together with a puffy condition of the face. The color of the rash was very different from the usual "boiled-lobster" hue, and the swollen face suggested the presence of acute Bright's disease. In other cases the throat trouble is so marked during the first twenty-four or thirty-six hours that one might be misled into overlooking the constitutional aspects. In fact, the occurrence of sore throat in young children should cause us to think of scarlet fever just as pain in the right flank in young adults suggests a thought of typhoid fever.

The causes of an erythematous rash, apart from scarlet fever, are various. Some are caused by drugs, some by gastro-intestinal disorders, others are produced by infections distinct from scarlet fever, while in a fourth class the mode of origin cannot be ascertained. A toxic influence is common to certain drugs

and certain products of indigestion. Among the drugs which excite an exanthem is mercury, and in a paper by Dr. L. Galliard, on "Scarlatiniform Erythema,"* some interesting examples are adduced of the influence of this drug upon the skin. In different instances the effect is produced either by the external or internal administration of mercury. Alley and Bazin have described three forms of hydrargyrisms as it affects the skin,—viz., benign, febrile, and malignant,—in the last of which serious constitutional symptoms also bear witness to the toxic influence, and which has in rare instances a fatal termination. Hallopeau has published the history of a syphilitic so peculiarly susceptible that a single application, or a single dose internally administered, caused the appearance of a scarlatiniform rash which was followed, at the end of about two weeks, by a much more abundant desquamation than usually occurs in simple scarlatina. A rash of similar character may follow the ingestion of belladonna and other members of the solanaceous family, opium, benzoic or salicylic acid, ether, chloral hydrate, antipyrin, and sulphate of quinine. That due to belladonna is accompanied by but little fever or pruritus, and is not followed by desquamation. The peculiar dryness of the throat and the dilatation of the pupil should lead us to suspect the influence of belladonna or an allied drug.

Shell-fish and other articles of food, when they affect the skin, generally cause urticaria; but that food may give rise to a rash simulating that of scarlatina is demonstrated, among others, by some cases observed and reported by the late Dr. Jubel Renoy and caused by eating pork.

As is well known, but perhaps not generally enough recognized, the development of the specific eruption of small-pox is sometimes preceded by a rash which resembles that of scarlatina, and which may be the cause of embarrassment if one do not habitually bear in mind the possibility of its occurrence. Diphtheria, also, is sometimes accompanied by an erythema irregular as to time of development and mode of distribution.

* *La Médecine Moderne*, November 14, 1894.

COLLEGE GOSSIP.

UNIVERSITY NOTES.—The Philadelphia Alumni Society of the Medical Department of the University of Pennsylvania held its first social meeting for the fall of 1894 on November 17th, at the Colonnade Hotel. The meeting was purely a social one, all business being reserved for the annual meeting.

The supper-room was tastefully decorated with the colors of the University, and, as the meeting was held on the evening of one of the fall foot-ball victories, a life-size tiger was placed in one corner of the room, having a patch over one eye and bandages around both knees; from his neck hung a card with the Pennsylvania *vs.* Princeton score, 12-0.

The University Glee Club was present, and favored the society with various college songs during the evening. Dr. Ward sang the solo entitled "Down Among the Dead Men." The following gentlemen responded to the respective toasts: Dr. Ellenger, "Foot-ball and University Athletics"; Dr. Dutton, of Pittsburgh, "Students' Instruction"; Dr. S. W. Latta, "Railroad Happenings"; Dr. J. William White, "Foot-ball." Dr. H. C. Wood, who was expected to make an address, was prevented from being present by the death of his aunt.

The officers of the society are: President, Judson Daland, M.D. Vice-Presidents, J. P. C. Griffith, M.D.; Edw. Duer, M.D. Treasurer, S. S. Kneas, M.D. Secretary, B. F. Stahl, M.D. Recording Secretary, A. L. Toulmin, M.D.

Among those present were the following: Drs. H. S. Anders, Henry Beates (Jr.), T. M. Balliet, H. S. Bissey, R. G. Curtin, Judson Daland, E. L. Duer, H. Earnest Goodman, J. P. C. Griffith, A. G. B. Hinkle, Guy Hinsdale, S. W. Morton, T. J. Mays, J. H. Musser, R. C. Norris, J. V. Risley, Lawrence Turnbull, and J. W. White.

Beriberi—There is at present in the Philadelphia Hospital a case of beriberi which raises the interesting question of the causation of this disease. Dr. Judson Daland reports that in the case that came to Philadelphia a year ago it was learned that decomposing fish and starvation were important etiological factors. The history that was obtained was truly remarkable; the patients received two meals a day, and these were insufficient in quantity. As toxins are known to produce neuritis, the toxins produced from decomposing fish would certainly be able to produce the same result, although the causes of the symptoms which are grouped under the head of beriberi are multiple.

Morphine Habit.—A case of morphine habit

excited by hypodermatic injection, given for the relief of neuralgia of the face caused by caries of the teeth, presents an interesting phase, showing with what persistence a patient will hold to the drug. The average quantity taken daily amounted to from 6 to 12 grains. The entire skin surface showed hundreds of small, reddish dots closely collected together, indicating the position of each hypodermatic injection. On entering the hospital the patient gave up all morphine, syringes, etc., but in forty-eight hours his room was searched and a large quantity was found hidden away in various parts of the room. Forty-eight hours later suspicion was again aroused, and, on searching, morphine was found in his necktie and upon a photograph which had been framed. Under absolute rest, electricity, $\frac{1}{8}$ grain of strichnine, and overfeeding he slowly improved. The morphine was gradually reduced in 10-per-cent. reductions, being administered by the mouth. Sulfonal, 30 to 40 grains, was given at night, and produced a very satisfactory result. This was later reduced to 20 and then 15 grains. Convalescence was spent at the sea-shore, followed by final recovery.

Regarding Dr. Judson Daland.—The action of the Board of Charities of Philadelphia in refusing to re-elect Dr. Judson Daland to the Medical Staff of the Philadelphia Hospital was an unlooked-for proceeding. The reason given—namely, that they objected to his treatment in cases of malaria, holding that he did not give quinine as soon as he should, in order that he might get a few drops of blood from the patient in a particular stage, in order to study the condition—is one that should be referred to physicians, and not decided by non-such. The action of the Board is one that reflects strongly on the intelligence and broad-mindedness of the gentlemen of that Board. Dr. James W. Walk, the only physician on the Board, stoutly objected to the action of his non-medical associates, maintaining that they were incompetent to judge of questions of treatment of disease. Dr. Daland holds the position of Instructor of Clinical Medicine at the University.

Dr. Wood's Object-Lesson.—During the course of Dr. H. C. Wood's lecture on alcohol together with delirium tremens he exhibited a set of pictures which were drawn from memory by a cured patient of this affection. The pictures set forth the various hideous hallucinations peculiar to this malady.

A New Device for Teaching Anatomy.—Dr. Piersol, Professor of Anatomy, has introduced into his teaching a novel and interesting arrangement for the better setting forth of the muscles of the cadaver. It consists of a double wooden base, one revolving on the other, on which is an upright, galvanized-iron pole, curv-

ing over at the top, having attached to it a pulley from which ropes run to the vertex of the skull of the subject, enabling it to be held in an upright position. On the upright are movable metal arms, which may be set at any height to suit the placing of the parts to be demonstrated. The entire stand, excepting the lower base, may be entirely revolved, thus bringing into view the different surfaces of the body. This is an extremely useful device, particularly for the muscles of the posterior of the subject, which formerly were taught with the cadaver in the horizontal position,—a very unsatisfactory way to demonstrate the muscles of the back, especially.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.—On November 16th, Dr. Edward H. Bradford, of Boston, read a paper, under the auspices of the Orthopædic Section of the College of Physicians, on the "Treatment of Scoliosis." He treated the subject from two points,—namely, increase the backward flexion of the spine and (second) remove undue pressure from the bodies of the vertebræ. During the course of his remarks he exhibited various apparatus to bring about the sought-for result, and pictures of other apparatus and patients using the same. He stated that daily gymnastic practice, not to be painful, continued for two or three weeks, would bring about the desired result in reference to flexion of the spine.

After the reading of the paper the meeting was thrown open for discussion, the following gentlemen taking part: De Forrest Willard, M.D., secretary of the meeting; Dr. Francis H. Dercum, Dr. J. M. Taylor, Dr. W. W. Keen, Dr. G. G. Davis, and Professor Wilson. After adjournment a reception was given to Dr. Bradford at the University Club.

COLLEGE OF PHYSICIANS AND SURGEONS, MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.—Professor Delafield recently delivered a lecture on bronchitis, the following being the substance of the lecture:—

Bronchitis — Causes: Inflammation of the bronchi occurs at all ages. The acute form is more common in children; the chronic form is more usual with emphysema, with heart disease, and in old persons.

Persons living in cities, those who are much confined to the house, and those whose health has been enfeebled are especially liable to the disease.

There is in some persons a very well marked predisposition to inflammation of the bronchi.

The disease is especially prevalent in cold and damp climates, and during the cold and wet months of the year. During some years it is much more frequent than during others.

As exciting causes of bronchitis we recognize

exposure to cold, the inhalation of irritating gases and substances, and of pathogenic bacteria.

Measles, whooping-cough, influenza, and many of the infectious diseases are often complicated by bronchitis.

The Acute Catarrhal Bronchitis of Adults—

Definition: An acute exudative inflammation of the mucous membrane of the bronchi.

Lesions: The inflammation involves the trachea, the larger bronchi, and the medium-sized bronchi, not as often the smaller ones. As a rule, the bronchi of both lungs are equally inflamed. The mucous membrane of the bronchi is congested and swollen; at first it is dry, afterward coated by an increased production of mucus. There are also desquamation of the epithelial cells, emigration of white blood-corpuscles, and diapedesis of red blood-corpuscles. The lumen of the bronchi may be narrowed either by congestion and swelling of the mucous membrane or by the contraction of the muscular coat.

Symptoms: The mild cases of acute bronchitis are attended with cough, accompanied by scanty mucous sputa, by pain over the sternum, and a moderate feeling of indisposition. There may be no physical signs, or a few coarse râles, or sibilant and sonorous breathing. The natural duration of the inflammation seems to be about a week, but it is often prolonged for a much longer time. In the more severe cases there is a troublesome cough with mucous or muco-purulent sputa, often streaked with blood. The quantity of expectoration is sometimes very large,—more than a pint in twenty-four hours.

The febrile movement precedes and accompanies the cough. It is usually not over 101° F., but there are cases with temperature of 103° to 104° F. throughout the disease.

In some patients bronchial asthma is the most prominent and distressing symptom.

The physical signs are coarse râles and sibilant and sonorous breathing. As a rule, these sounds are equally distributed over both lungs, but occasionally they are confined to one side of the chest.

The cases vary as to their severity and duration. The patients are sometimes very ill, but do not often die. The ordinary duration of the disease is two weeks, but it may last much longer.

In some of the cases a localized bronchopneumonia is developed, with dullness and increased vocal resonance over the consolidated portion of the lung.

There are cases in which the bronchitis continues for weeks and months. The cough and muco-purulent expectoration continue. There is an irregular fever with evening exacerbations,

and sweating at night. The patients lose flesh and strength, and sometimes look very badly. In these cases the sputum should always be examined for tubercle bacilli.

Treatment: The milder cases are not confined to bed; they can eat solid food, but are to be cautioned against undue exposure. Many of them recover without treatment, but in some remedial measures are necessary.

The severe cases have to be kept in bed, and mainly on a fluid diet. For the cases of bronchitis which need treatment we employ:—

1. *Counter-irritation:* The most efficient counter-irritation is by dry cupping over the entire chest. More moderate counter-irritation can be effected by large mustard plasters, irritating liniments, and poultices frequently renewed.

2. *Drugs:* The specific drug for acute bronchitis is ipecac. It seems to be most efficient when given frequently in small doses,—gr. $\frac{1}{10}$ every hour. There may be an advantage in combining the ipecac with other drugs:—

℞ Ext. belladonna, . . .	gr. $\frac{1}{10}$.
Pulv. Doveri, . . .	gr. $\frac{1}{10}$.
Pulv. ipecac., . . .	gr. $\frac{1}{10}$.
Quiniæ sulph., . . .	gr. $\frac{1}{4}$.

Made into a pill or tablet and taken every hour.

When there is a large expectoration of mucus with a good deal of pus mixed with it, 10- to 20-drop doses of tincture of nux vomica are of much service.

The bronchial asthma seems most frequently to be due to contraction of the walls of the bronchi. If this is the case, nitrite of amyl, nitroglycerin, chloral hydrate, or opium are indicated.

Sometimes, however, the asthma is associated with congested, swollen, but dry bronchi; then is indicated the use of muriate of pilocarpine, gr. $\frac{1}{10}$; fluid extract of quebracho, ℥x; fluid extract of grindelia robusta, ℥x; or larger doses of ipecac.

In the protracted cases there is much advantage in sending the patient to a dry inland climate.

Of useful drugs for chronic bronchitis there is a considerable number, sometimes one, sometimes another proving the most serviceable; the mineral acids, the preparations of turpentine, iodide of potash, strychnia, and inhalations of creasote.

The foot-ball team of the College of Physicians and Surgeons defeated the team from the General Theological Seminary by the score of twenty-four to nothing. M. John Blot made three touchdowns and Messrs. Stiles and Moriarty each made one.

On Thanksgiving Day the team from the Col-

lege of Physicians and Surgeons played the representatives of the Long Island Hospital at Columbia Oval, Williamsbridge, New York.

Dr. William A. Boyd delivered his second lecture on "First Aid to the Injured" on November 29, 1894, at the Young Men's Christian Union, corner of Westchester and Bergan Avenues, New York City.

Professor Taylor is working very hard over his new book in order to have it published by this spring. It will, no doubt, be the finest work on venereal diseases in the world.

A number of applicants to the college were refused admission on account of lack of accommodations. Over four hundred students applied.

Professor Knapp now holds an eye clinic every Saturday afternoon at the New York Ophthalmic and Aural Institute, 46 East Twelfth Street.

CINCINNATI COLLEGE OF MEDICINE AND SURGERY.—During the present session eminent members of the medical profession throughout the country will address the students on special topics. The list embraces: Dr. Donald Maclean, of Detroit; Dr. Joseph Price, of Philadelphia; Dr. John R. Van Hoff, of United States Army; Dr. L. S. McMurtry, of Louisville; Dr. Isaac N. Love, of St. Louis; Dr. Lawrence C. Carr, of Cincinnati; Dr. Karl von Ruck, of Asheville. A number of prizes are offered which tempt a friendly rivalry in the several departments of medicine.

UNIVERSITY OF BUFFALO.—A course of ten lectures on the "History of Medicine" will be given in Alumni Hall, at the college building, by Dr. Roswell Park.

CHICAGO UNIVERSITY.—Dr. Adolf Meyer, of Kankakee, Ill., lectures this year on "Pathology and Psychology."

MEDICAL DEPARTMENT OF WESTERN RESERVE UNIVERSITY.—Dr. W. F. Howard, Jr., has been elected Associate Professor of Pathology. Dr. C. W. F. Munchelhofe has resigned from his position in the Medical Department of the Western Reserve University and started a microscopical and bacteriological laboratory in the permanent building.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF WOOSTER.—Dr. C. Gentsch has been elected Lecturer on Principles and Practice of Medicine and Clinical Medicine.

UNIVERSITY OF VIRGINIA.—Dr. A. H. Buckmaster, of New York, N. Y., has been selected by the committee appointed to nominate a successor to Dr. Dabney, as Professor of Practice of Medicine, Obstetrics, and Gynecology in the University of Virginia.

TULANE UNIVERSITY.—The faculty of the Medical Department has elected Dr. Rudolph Matas, who has been Demonstrator of Anatomy

in that institution since 1886, to fill the Chair of Surgery left vacant by the death of Dr. Albert B. Miles.

INDIANA MEDICAL COLLEGE, at Indianapolis, was destroyed by fire on Saturday, November 3d.

RUSH MEDICAL COLLEGE.—Dr. A. C. Cotton has been appointed Professor of Diseases of Children.

COLLEGE OF PHYSICIANS AND SURGEONS OF CHICAGO.—Dr. G. F. Butler, formerly connected with Rush Medical College, has been chosen Professor of Materia Medica.

COLLEGE OF PHYSICIANS AND SURGEONS OF ST. LOUIS.—Dr. M. C. Ussery, for a long time Professor of Physiology in the Woman's Medical College, has resigned that position to accept the Chair of Chemistry in the College of Physicians and Surgeons of St. Louis.

WOMAN'S MEDICAL COLLEGE OF ST. LOUIS.—Dr. F. P. Gillis has resigned from the Chair of Obstetrics in the Woman's Medical College of St. Louis.

Dr. A. S. Barnes, Sr., formerly Professor of Obstetrics in the St. Louis College of Physicians and Surgeons, has accepted the same Chair in the Woman's Medical College.

Dr. Emory Lanphear has been elected Professor of Orthopaedic Surgery in the Woman's Medical College of St. Louis.

ENSWORTH MEDICAL COLLEGE.—Dr. Barton Pitts has been elected Professor of Ophthalmology and Dr. J. M. D. France Professor of Therapeutics.

KANSAS MEDICAL COLLEGE.—Dr. J. P. Lewis and S. J. Hampshire were appointed to the Chairs of Demonstrator of Surgery and Assistant in Chemistry, and Dr. B. D. Eastman and S. E. Sheldon to the Chairs of Materia Medica and Gynæcology, respectively.

COLLEGE OF PHYSICIANS AND SURGEONS OF KANSAS CITY.—Dr. W. F. Wilkins, Professor of the Theory and Practice of Medicine, was awarded a valuable prize and the degree of Master of Arts by Miami University, in Ohio, for his essay entitled "The Effects of Alcohol on Man."

Dr. V. L. Todd, of Kansas City, Kas., has been appointed to the Chair of Chemistry, to succeed J. B. Paul.

This is the first college in the Missouri Valley to give a chair to a woman. Dr. Katherine Berry Richardson is the Professor of Visceral and Histological Anatomy.

SIoux CITY COLLEGE OF MEDICINE.—Dr. Leo Phelan has been made Professor of Therapeutics and Dr. D. S. Shellabarger Professor of Physiology.

UNIVERSITY OF COLORADO.—Dr. J. M. Blaine has been elected Professor of Dermatology.

UNIVERSITY OF OREGON.—Professor Giesy has consented to take part of the work of the Chair of Theory and Practice, heretofore attended to by an adjunct lecturer to Professor MacKenzie.

Dr. John M. Wells has been appointed Lecturer on Pathology, *vice* Dr. J. Hunter Wells, resigned.

The already broad field of clinics has been added to by the establishment of college clinics by Dr. Tucker and Dr. Koehler.

WILLAMETTE MEDICAL COLLEGE.—Dr. H. R. Holmes has been elected to the Chair of Gynæcology, Dr. R. L. Gillespie to the Chair of Medicine, and Dr. J. J. Gingles to the Chair of Anatomy. Dr. E. H. Parker, formerly Professor of Anatomy, has taken the Chair of Topographical Anatomy. Dr. Robert C. Yenney, late of the Philadelphia Hospital, will conduct the department of bacteriology.

FOREIGN UNIVERSITY INTELLIGENCE.—The Lancet notes the following appointments: Bonn: Dr. Pletzer has been recognized as *privat docent* in Midwifery. Bordeaux: The sum of 100,000 francs has been given by M. Dupouy, Senator of La Gironde (in memory of his father, who practiced for fifty years in Bordeaux as a medical man), to establish a Professorship of Gynæcology. Cracow: Dr. K. von Kostanecki has been promoted to be Ordinary Professor of Anatomy, in succession to Dr. Teichmann, who is retiring. Giessen: Dr. H. Walther, of Darmstadt, has been recognized as *privat docent* in Midwifery and Gynæcology. Gratz: Dr. F. Kraus, of Vienna, has been appointed to the Chair of Clinical Medicine in succession to Dr. Rembold, who is retiring. Halle: Dr. C. Fraenkel, of Marburg, has been appointed to the Chair of Hygiene. Lemberg: Dr. H. Kadyk has been appointed to the Chair of Anatomy. Rostock: Dr. Garré, of Tübingen, has been appointed to the Chair of Clinical Surgery, in succession to Dr. Madelung. Vienna: Dr. Lott has been promoted to an Extraordinary Professorship of Midwifery and Gynæcology, and Drs. Finger and Mracek to Extraordinary Professorships of Syphilography and Dermatology. Dr. Emil Redlich has been recognized as *privat-docent* in Neurology. Warsaw: Dr. H. F. Hoyer, Professor of Histology and Comparative Anatomy, is about to retire, after thirty-five years' service. Würzburg: Dr. Heidenhain has been recognized as *privat-docent* in Anatomy, and Dr. O. von Franqué as *privat-docent* in Midwifery and Gynæcology. Zurich: Dr. von Monakow has been promoted to an Extraordinary Professorship of Cerebral Anatomy and Physiology.

MEDICAL NEWS AND MISCELLANY.

A HOSPITAL for lepers has been established in Rio de Janeiro.

THE Eastern Iowa District Medical Society met at Keokuk, Iowa, November 15, 1894.

THE third meeting of the International College of Dermatology and Syphilology is to be held in London.

DR. H. A. KELLY has removed to 1406 Eutaw Place, Baltimore. Sanatorium and office, 1414-1418 Eutaw Place.

RESIGNATION OF SIR HENRY ACLAND.—With the end of 1894 the relation of Sir Henry Acland to medical teaching at Oxford ceased.

THE Boylston Medical Prize for 1894 has been awarded to Dr. Norman Walker, of Edinburgh, Scotland, for an essay entitled "The Histological Varieties of the Cutaneous Cancer."

THE corner-stone of the German Hospital of Brooklyn was recently laid. The property covers an entire block, and the structure is planned to expend a quarter of a million dollars.

THE next (sixth) Congress of Russian Physicians in memory of Pirogoff will be held in Kief, from April 21 to April 28, 1896. The last was held in St. Petersburg in January of last year.

"THERE is more pleasure in giving than receiving," was a proverb that a mother was trying to instill into a youthful mind. "That's true about castor-oil, mother," was the answer she got.—*London Tid-Bits*.

THE officers of the Detroit Medical and Library Association for the ensuing year are: President, Dr. Eugene Smith; Treasurer, Dr. A. P. Biddle; Secretary, Dr. Luther S. Harvey; Librarian, Dr. J. V. Becelaere.

APPOINTMENT.—Dr. George Thomas Jackson has been appointed Foreign Secretary for the United States of the Third International Congress of Dermatology, to be held in London, July 31 to August 4, 1895.

PROFESSORSHIP OF MEDICAL HISTORY.—We are informed by Prof. H. A. Wheeler, Dean of the Sioux City College of Medicine, that that institution was one of the first to establish such a chair, the occupant being Prof. Edward Hornibrook, who teaches medical history and ethics.

DR. B. D. VANCE, of Gold Dust, Tenn., who recently passed away, was born in Kemper County, Miss., in 1868, graduated in medicine at the Memphis Hospital Medical College in 1889, and located at Gold Dust, where he successfully practiced his profession until removed

by death. Dr. Vance was universally held in high esteem.

DR. ARPAD G. GERSTER has received from the Emperor of Austria and King of Hungary the high distinction of the Knight's Cross of the Order of Francis Joseph, in grateful recognition of his valuable philanthropic labors in founding the Hungarian Emigrant Aid Association of New York. This is the first instance in which an American citizen has received this honor who has not held office under the Austrian government.

At the nineteenth general meeting of the British Laryngological and Rhinological Association the following officers were elected for the ensuing year: President, Dr. W. M. Whistler (London); Vice-Presidents, Dr. Edward Woakes, Dr. Richard A. Hayes (Dublin), Mr. Mayo Collier; Council (Metropolitan), Dr. Edward Law, Dr. Dundas Grant, Dr. Farquhar Matheson, Dr. N. Wolfenden, Dr. J. Macintyre (*ex-officio*); Extra-Metropolitan, Dr. Barclay Baron (Bristol), Mr. F. Marsh (Birmingham); Honorary Secretary, Dr. Hemington Pegler.

THE Forty eighth Semi-Annual Meeting of the District Medical Society of the County of Camden was held November 13, 1894. The following papers were read: "Gunshot Wounds of the Intestines," by Dr. O. B. Gross; "Fractures of the Skull," by Dr. J. H. Wills; "A Case of Prolapse of the Laryngeal Ventricle," by Dr. W. S. Jones; "Report of a Case of Stramonium Poisoning," by Dr. H. H. Sherk; "Typhoid Fever," by Dr. J. E. Hurff; "Report of a Case of Epithelioma, with Specimen," by Dr. A. McAllister; "The Pathology of Insanity," by Dr. J. M. Ridge; "The Antiseptic Properties of Creolin," by Dr. George T. Robinson; "Eclampsia," by Dr. W. H. Ireland; "Obstetrical Blunders," by Dr. H. F. Palm.

THE LATE PROF. LUDWIG MAUTHNER.—The career of one of the most prominent men of the Vienna medical school terminated tragically. On the morning of October 19th the official Wiener Zeitung published the appointment of Dr. Ludwig Mauthner as Professor of Ophthalmology at the Vienna University, and in the night he died suddenly from heart-failure. Twice already his name had been put on the list of the candidates for the Professorship of Ophthalmology at the Vienna University by his colleagues,—first upon the decease of Prof. Ferdinand von Arlt, and afterward upon that of Professor von Jaeger. In both cases the Minister of Education declined to appoint Professor Mauthner, who left the Innsbrück University without official permission many years ago, preferring to teach his subject at Vienna as a simple *privat-docent*.

TRI-STATE ANNOUNCEMENT.—Dr. Frank P. Norbury, of Jacksonville, Ill., Secretary of the Tri-State Medical Society of Iowa, Illinois, and Missouri, announces that the following distinguished physicians and surgeons will attend the St. Louis Tri-State Medical Society (April, 1895): John A. Wyeth, New York City, will give the address on surgery; W. W. Keen, Philadelphia, will hold a surgical clinic; Charles A. Oliver, Philadelphia, will hold an ophthalmic clinic; Fred Byron Robinson, Chicago, will give the address on gynecology; Drs. A. H. Ferguson and G. Frank Lydston, of Chicago, will address the society. Arrangements are now under way which will result in the attendance of other distinguished eastern gentlemen. Dr. Joseph Eastman, of Indianapolis, has promised a paper. Dr. E. P. Davis, editor American Journal of Medical Sciences, has consented to read a paper. Dr. Heneage Gibbes, of Ann Arbor, will attend.

A REMEDY FOR WHOOPING-COUGH.—Dr. R. E. Hinman, of Atlanta, Ga., writes: "On the 15th of June, whooping-cough being epidemic among the children at the Crittenden Home, near this city, I was requested to treat them. There were thirteen cases, in all stages, when the treatment given below was commenced. The patients were all placed in a closed room, and a 1-per-cent. solution of formalin was sprayed from an ordinary hand-bulb atomizer for ten minutes three times a day, the spray being thrown above the heads of the patients, saturating the air, and inhaled by them.

"A marked improvement was noted within two days, and after two weeks' treatment all were well, and no new cases have developed. In age these cases ranged from 3 months to 4 years, with one exception, a girl of about 14, whose duty it was to operate the spray.

"It was with this last case that the result was most marked. Previous to the use of the spray the paroxysms had been so violent that she would rush to the open air and cling to some support, and cough until relief would come through sheer exhaustion. On the fourth day of the treatment the cough had so modified that only one or two comparatively mild paroxysms occurred, and after the fifth day none at all.

"About the 20th of August, I treated fifteen cases of the same disease at the Inman Orphanage. Here I used a steam-atomizer and a 1-per-cent. solution of formalin for twenty minutes, three times a day, the room being closed as before. The result was better from the increase. Recent cases cured within a week, and all in ten days.

"These results undoubtedly prove the efficiency of the drug and give it a definite

position in the treatment of this harassing and heretofore intractable disease.

"The simple method of application will appeal to all who have seen the disease in children's institutions, and experienced the difficulty of giving ordinary remedies.

"In five cases of scarlet fever its modifying influence was immediate and marked, one comfort to the patients being the complete absence of flies and mosquitoes from the apartment after its use."

THE LATE JAMES CAMPBELL.—We have read with pleasure a biographical sketch by John M. Campbell of the career of his distinguished father. It is the record of a long, honorable, and useful life. A native of this city, born in 1812, the life of Judge Campbell was, with the exception of four years passed in Washington as a high official, spent in this community. After a good preliminary education, James Campbell studied law and was admitted to the bar in 1833. He early became interested in politics, and in 1842 was appointed Judge in the Court of Common Pleas, when but little more than 29 years of age. In 1852 he became Attorney-General of the State of Pennsylvania. In 1853 he entered the cabinet of President Pierce. At the end of that administration he returned to this city, where the remainder of his life was spent.

Judge Campbell was a man of wide culture and excellent administrative ability. He was interested in many charities, and whatever position of trust he accepted was thoroughly and conscientiously filled. He was long connected with the management of St. Joseph's Orphan Asylum and Girard College. For twenty-five years he was one of the trustees of Jefferson Medical College, and for two years was its president. He was in the habit of visiting the College Hospital every Sunday and personally satisfying himself that the inmates received the most careful attention. His life "had always been an open book, for the inspection of the world. . . . During all his long and busy years he was ever faithful to principle and to trust. His private life was sincere and blameless, unstained with even a suspicion of immorality or impurity of any description." No higher praise could be given any man. Judge Campbell died January 27, 1893, at the age of 81 years.

TEMPERATURE CHART.—W. B. Saunders, of No. 925 Walnut Street, Philadelphia, has published a large temperature chart, prepared by Dr. D. T. Lainé. The chart is so arranged as to constitute a record of temperature, pulse, and respiration. At the foot are columns for notes in regard to urine, bowels, food, and miscellaneous remarks. Of service in any febrile disorder,

this chart is especially adapted for use in cases of typhoid fever. On the reverse side is given information regarding Brand's method in the treatment of typhoid fever and upon alimentation in that disease, taken from the publications of Dr. Glénard. The price of the chart is fifty cents.

THE USE OF ANTITOXIN IN DIPHTHERIA FOLLOWING SCARLET FEVER.—Dr. W. S. Gleason, of Newburgh, N. Y., says: "On the morning of October 5th I was called to see John —, aged 8, a robust boy, son of vigorous parents. I found, upon examination, well-marked evidences of scarlet fever; temperature, 104° F.; pulse, 140. Upon my evening call, temperature, 105° F.; pulse, 144. The temperature, unless reduced by antipyretics, ranged between 104° and 105° F., with but slight variation between the morning and evening observation.

"On the second day of the disease a fibrinous exudate made its appearance on both tonsils and pharynx, with intense tonsillar enlargement, and in spite of thorough pharyngeal disinfection there was great difficulty in swallowing. Gradually the appearance of the exudate changed its appearance, and upon the seventh day from the time of my first call I felt that I had a true diphtheria engrafted upon the scarlatina angina.

"At 3 o'clock in the afternoon of October 12th I made my first injection of Aronson's serum, using 20 minims, followed by a second injection of 40 minims in six hours. With close observation I could not appreciate the least reaction as an immediate result of the injection. Twenty-four hours from the last injection the temperature dropped to 99° F., with a corresponding amelioration of the symptoms. There was an evening rise of temperature to 103° F., but from that time, October 12th, to this date, October 23d, the patient has steadily convalesced, with no decided fluctuation of pulse or temperature."

THE PROPERTIES OF KOLA.—We have received from the house of Frederick Stearns & Co., of Detroit, a profusely and beautifully illustrated monogram treating exhaustively of the physical, chemical, physiological, and therapeutical properties of this valuable drug. The pharmacognosy is prepared by J. O. Schlotterbeck, of the University of Michigan. This portion of the work describes the habitat of the kola-tree, traces the sources by which it was introduced to the notice of Europeans, informs us concerning the botanical relations of the kola, the manner of cultivating, collecting, and transporting its seeds, the uses for which it is prized by the natives of the district in which it grows, explains the substitutions and adulterations by which it has been sophisticated, and enters elaborately into the interesting subject of the

chemistry of kola. Part II, by Dr. F. E. Stewart, contains a study of the active constituents of kola, with its physiological and therapeutical action, its virtues as a remedy in neurasthenia, nervous and cardiac affections, diarrhoea, alcoholism, etc. Part III contains a clinical study of kola in neuralgia, neuritis, migraine, neuroses, simple anæmia, gastro-intestinal irritability, irregular cardiac action, pulmonary tuberculosis, tubercular diarrhoea, simple diarrhoea, catarrhal jaundice, etc., by Dr. John V. Shoemaker. The publishers announce that the work will be mailed free to any physician who desires to consult its pages.

PURPURA HÆMORRHAGICA COMPLICATING LOBAR PNEUMONIA.—I. M. Snow, M.D., of Buffalo, reports a very interesting case occurring in a girl-baby. The author describes the purpuric spots as small, livid blotches, appearing on the abdomen, above the umbilicus, and thence spreading rapidly, covering the whole anterior portion of the trunk in the course of two days. There was an erythematous discoloration of the back. At first the patient suffered from chronic indigestion and bronchitis, and during the purpuric outbreak developed an acute attack of vomiting and diarrhoea. The temperature was 97° F. In eleven days the patient died. The autopsy showed an enlarged and fatty liver and lobar pneumonia of the upper right lung. No visceral hæmorrhages. The author is inclined to the view that purpura is an acute infection caused by the pneumococcus or by secondary infection.—*International Medical Journal*.

DEATHS OF FOREIGN MEDICAL MEN.—The deaths of the following eminent foreign medical men are announced: Dr. Perles, late assistant in Professor Hirschberg's Ophthalmic Clinic, Berlin. He recently published researches on pigmented cataract and on general infection of the interior of the eye in so-called pernicious anæmia.—Dr. J. J. Stolnikoff, Professor of Clinical Therapeutics in the University of Warsaw.—Dr. V. A. Betz, Emeritus Professor of Anatomy in the University of Kieff.—Dr. R. Calvo, Professor of Anatomy in the University of Carthage, Colombia.—Dr. Leopold Lewin, Medical Director of the Moabite Prison Infirmary, Berlin, whose name may be remembered in connection with the attempt on the German Emperor's (William the First) life by Nobiling, as he was the first medical man to attend to the wound. He was a volunteer surgeon in the Franco-Prussian war, when he was in charge of the ambulance hospital at Epernay.

PROFESSOR LEYDEN has received the Russian decoration of St. Anne,—the first class of the Order.

NEARLY POISONED.—A celebrated German physician was once called upon to treat an aristocratic lady, the sole cause of whose complaint was high living and lack of exercise. But it would never have done to tell her so. So his medical advice ran thus:—

"Arise at 5 o'clock, take a walk in the park for one hour, then drink a cup of tea, then walk another hour and take a cup of chocolate. Take breakfast at 8."

Her condition improved visibly, until one fine morning the carriage of the baroness was seen to approach the physician's residence at lightning speed. The patient dashed up to the doctor's house, and on his appearing on the scene she gasped out:—

"Oh, Doctor, I took the chocolate first!"

"Then drive home as fast as you can," directed the astute disciple of Æsculapius, rapidly writing a prescription, "and take this emetic. The tea must be underneath."

The grateful patient complied. She is still improving.—*London Tid-Bits.*

HYÆNANCHIN.—The Deutsche medizinisch-Zeitung gives a summary of Dr. A. Engelhardt's study of this substance, included in the eighth volume of the "Arbeiten des pharmakologischen Instituts zu Dorpat." Hyænanchin is a chemically-indifferent crystalline bitter found in the seeds and the seed-cases of *Hyænanche globosa*. Its physiological action resembles that of strychnine, but it acts more upon the brain and less upon the spinal cord, from which the author concludes that it may be used to advantage instead of strychnine in certain cerebral affections, such as amblyopia and deafness of central origin. In many features of its action it resembles picrotoxin. Since the genus *Hyænanche* belongs to the *Buxaceæ*, it is interesting to remark, he says, that the common box (*Buxus sempervirens*) also contains a poisonous material which, according to Ringer and Murrel, causes death by tetanus and spinal paralysis.

CIRCULAR NEURASTHENIA.—Oddo relates a case of an alternating form of neurasthenia. On alternate days the patient presented symptoms of cerebral neurasthenia,—intellectual inaptitude, incapacity to fix the attention, difficulty in expressing ideas, some amnesia, indifference to pleasure or business affairs, anxiety, and somnolence. He also had sensations of heat and cold, sweating, dyspeptic symptoms. On the intervening days there was overactive cerebration. The author then discusses the diagnosis. At first it was thought to be malaria, on account of the shivering and sweating. The temperature was never raised nor the spleen enlarged, and the interval did not represent a period of normal health. The chief feature in

the case was the psychical condition. It was not an example of the *folie circulaire*. Sollier described a case characterized by periods of depression and excitement. The development of the disease is slow, the phases becoming well marked later. In the author's case the intervals were very regular, only the intensity varying. The stage of depression began in the evening, and the different period of each phase was regularly repeated. The author strongly believes in the reality of this disease described by Sollier and himself.

DOCTORS' EXCUSES TO BOOK-AGENTS:—

Building new house.
Bought new house.
Going to Post-Graduate.
Just returned from Post-Graduate.
Going to Europe.
Just returned from Europe.
Spent all money at World's Fair.
Horse died yesterday.
Bought new horse.
Bought new wagon.
Sending son to college.
Sending daughter to college.
Sending wife to health resort.
Just bought large bill of books.
Expect to move away.
No time to read.
No money for books.
Mad with the F. A. D. Co.
Buying large invoice of instruments.
Indorsed note for brother-in-law.
Distressingly healthy just now.
Going out of business (gradually).
Books cost too much.
No time to be canvassed.
Death in the family (dog).
Had long sickness.
Cotton crop a failure.
Peanut crop a failure.
Potato crop a failure.
Tobacco crop a failure.
Barn burnt.
Office burnt.
Lost money in bank-failure.
Lost money in Sioux City.
Lost money in Oregon.
Just starting poultry farm.
Just starting stock farm.
Daughter just married.
Daughter just going to get married.
Son just married.
Only collected \$13 in six months.—WRIGHT.

SCARLET RASH AFTER ENEMATA.—The occasional occurrence of a bright-scarlet rash after injections of warm water into the bowel should be borne in mind. The rash appears in about two hours after the injection, and lasts about

twenty-four hours. It covers the whole of the body and limbs, and is especially marked on the face. In rare cases it is accompanied with sore throat and slight fever. The rash is almost exactly like that of scarlet fever, and may easily be diagnosed as such, especially if a sore throat is also present. It occurs more commonly in children than in adults, and is occasionally distinctly urticarial. It is due to toxæmia caused by absorption of fæcal matter liquefied by the injection of a large quantity of warm fluid into the rectum. In all cases of supposed scarlet fever it will be well to exclude the possibility of the rash being due to an aperient enema.

I have lately met with two well-marked illustrations of this toxæmic rash. Case 1 was that of my own son, aged 11. I was told that a scarlet rash had come out on him. I found that he was covered with a bright-scarlet rash, but there was no sore throat, no fever, and no increase in the pulse-rate. A soap-and-water enema had been used about two hours before the rash was noticed. I could not diagnose the case until, thinking it over, I remembered making a note on rashes after enemata. On reference I find the note was made from a very interesting paper by Dr. Burford, "On a Mild Form of Septic Toxæmia Occurring after Enemata." The rash disappeared in about twenty-four hours, and the boy was quite well. Case 2 I met with at the Queen's Hospital. A little girl was to be operated upon, but just before the operation a scarlet rash was observed on the child, and I was asked to see her. On inquiry I found that a soap-and-water enema had been used that morning. There was no sore throat or fever, and the rash shortly disappeared.—C. W. SUCKLING, M.D., in *British Medical Journal*.

UNUSUAL EFFECTS OF APOMORPHINE.—Dr. Stuyvesant F. Morris writes as follows to the New York Medical Journal: "Recently, in using apomorphine to produce emesis, the effect was so unusual that I was inclined to think either that it was accidental or that there was a peculiar idiosyncrasy on the part of my patient. Relating the particulars of the case to Dr. G. H. Cobb, I found he had had a very similar experience. Realizing that if such effects were not exceptional its use in certain forms of dyspepsia might be useful, I am prompted to report my case.

"I was called for the first time to see Miss —, suffering with indigestion and violent gastralgia. For some years she had been liable to such attacks, and had been compelled to limit herself to a very few articles of food. On her telling me that she obtained relief only by emesis, I gave hypodermatically a tenth of a grain of apomorphine, Fraser's tablet. The effect—to quote her words as told me the next day—was, 'within two minutes after you gave me the injection I

was entirely free from pain. I fell asleep and slept for nearly an hour, and have been perfectly comfortable ever since.' Dr. Cobb's case was identical in the immediate relief from pain, followed by sleep. His patient, a physician, took 4 tablets of a tenth of a grain each. So far as I know, apomorphine is only used as an emetic, but if it should prove to have effects similar to those above described I feel it would be a valuable addition in the treatment of such cases."

THE Maryland Clinical Society, on October 5th, elected the following officers for the ensuing year: Dr. J. H. Branham, President; Dr. J. M. Hundley, Vice-President; Dr. H. O. Reik, Recording Secretary; Dr. William K. Robinson, Corresponding Secretary; Dr. W. J. Todd, Treasurer; Dr. Aaron Friedenwald, new member of Finance Committee; Drs. C. Hampson Jones, Henry B. Thomas, and T. C. Gilchrist, Executive Committee.

INCONTINENCE OF URINE DUE TO ENLARGED SPLEEN.—Babulesca reports the case of a 4-year-old boy who was admitted into the hospital on account of pain in the abdomen. Upon examination the spleen was found to be enormously enlarged, and when the child stood erect or ran about, the pressure of this enlarged body upon the bladder caused the urine to pass involuntarily. When the child was in the recumbent position, there was no inconvenience. Quinine was given, the spleen diminished in size, and the incontinence disappeared.

A well-developed 5-year-old boy was also brought to the hospital on account of an enlarged spleen. For two years he had had frequent attacks of intermittent fever. In this case, also, there was no control over the urine, taken standing or going about. Under quinine the tumor disappeared and the incontinence subsided.

GLANDULAR FEVER IN CHILDREN.—Neumann has seen 27 cases,—19 boys and 8 girls. Eleven were under 1 year, 10 between 1 and 2 years, and 6 between 2 and 4 years. Those under 1 year of age were nearly all well developed. Among the older, rachitis and malnutrition were present in a few.

The disease commenced suddenly with a mild coryza and high fever, followed by a rapid enlargement of the glands of the neck; usually but one side was affected. The fever continued, as a rule, but two days, and with the cessation of the fever the glands subsided. In one-half of the cases a suppurative adenitis resulted; in a few resolution was imperfect and the process developed into a chronic lymphadenitis. In two the disease was complicated with acute nephritis.

A bacteriological examination of the pus showed the presence of streptococcus pyogenes

et albus. In the last few years the author has seen many cases of retropharyngeal adenitis and retropharyngeal abscess.

THE TENDO-ACHILLIS PHENOMENON.—Ziehen concludes a discussion on this subject, based on a large number of cases. He has found that out of 188 general paralytics this tendo Achillis or ankle-jerk was normal only in 57. An inequality between the two sides was very common. The gradual diminution and disappearance was actually observed. Sometimes the loss of this tendon reflex was an early symptom. The knee-jerk is not always absent at the same time. Thus, in 23 cases the knee-jerk was present, and yet the ankle-jerk was lost on one or both sides. The loss of the ankle-jerk is very uncommon in functional psychoses or neurasthenia, and the author does not believe that it is often absent in health. Once the jerk unquestionably reappeared under vigorous mercurial inunction. Foot-clonus is very common in general paralysis, but is of no diagnostic significance. A one-sided or double-sided weakening of the ankle-jerk is strongly in favor of general paralysis as against functional psychoses. It will not serve to distinguish general paralysis from senile dementia, cerebral syphilis, or chronic alcoholism. In senile dementia it was altered in 30 cases. In secondary or congenital imbecility it may point to congenital syphilis as a cause. Foot-clonus and unequal ankle-jerks are more common in hysteria than in epilepsy, the increase being on the side of the hemianæsthesia. In chronic alcoholism, diminished or absent ankle-jerk was commoner than foot-clonus. Absent ankle-jerk on one or both sides is very uncommon in functional psychoses or neurasthenia, being present without doubt only in four cases. The author concludes that ankle-jerk is quite as important as the knee-jerk, that absolute indications are as rarely given by it as by the knee-jerk, that absence on one or both sides is of the greatest importance, and that the loss of it in a mental case points with great probability to general paralysis or syphilis of the central nervous system, or in less degree to senile dementia or alcoholism. Peripheral complications, such as sciatica, etc., must be excluded.—*Deutsche med. Wochenschrift.*

ON A PECULIAR CRACKLING (EMPHYSEMATOUS) SENSATION IN THE VAGINAL CANAL.—James Oliver, M.D., F.R.S., writes to the British Medical Journal: "During the last ten years I have seen three cases in which a peculiar crackling sensation in the upper half of the vaginal canal was the chief physical sign noted on examining the pelvis, when the symptoms complained of pointed to disturbance of the genital organs. In all the cessation of the child-bearing epoch had

been reached, and two of the patients, although married many years, had never been pregnant, whilst the third had borne two children. Since the cessation of menstruation—over a varying period of from six to twenty-four months—the patients had complained constantly of a more or less profuse watery discharge, which was usually offensive. There was soreness of the external genitals in consequence of the discharge, but no pruritus.

"The cervix was soft and the mucous membrane covering it was velvety, whilst the mucous membrane entering into the formation, more especially of the upper half of the vaginal canal, presented a sensation which must have been due to an accumulation of gas in the lacunæ of the connective tissue.

"Symptoms attributable to vasomotor disturbance are frequently complained of at or about the time of the cessation of menstruation, and I am of opinion that in many cases the vaginal discharge, which proves troublesome about this time, is of a nervous origin and is of the nature of a paralytic secretion. In a few rare cases it is quite possible that the metabolic actions going on in the tissues may be so deranged that a gas, which is probably carbonic acid, may be set free and may so accumulate in the connective tissue as to produce the peculiar crackling sensation which in three different cases I have detected in the vagina."

COLORS FROM COAL-TAR.—Writing about that marvelous color-producer, coal-tar, a magazine writer reminds us that it is only thirty-six years ago that Perkin "gathered up the fragments" in coal-tar and produced the beautiful mauve dye. Now, from the greasy material which was considered useless is produced madder, which makes coal-tar worth \$500 a ton. This coloring matter now employs an industry of \$10,000,000 per annum. One ton of good cannel coal, when distilled in gas-retorts, leaves twelve gallons of coal-tar, from which is produced a pound of benzine, a pound of toluene, a pound and a half of phenol, six pounds of naphthalene, a small quantity of xylene, and half a pound of anthracene for dyeing purposes. According to Roscoe there are sixteen distinct yellow colors, twelve orange, thirty red, fifteen blue, seven green, and nine violet, besides a number of browns and an infinite number of blendings of all shades.—*American Druggist.*

PUERPERAL ACUTE ATROPHY OF LIVER.—Schreiber describes a case which occurred in Pavloff's wards in the Odessa Maternity. The patient was a soldier's wife, aged 22, in her second pregnancy. She was admitted in labor in the eighth month. She was a stout and muscular woman, but intensely jaundiced and apa-

thetic; the jaundice seemed to have begun five days previously. Labor only lasted seven hours, the cervix presenting. The child was alive, and the placenta and membranes followed five minutes after its expulsion. The patient complained of great tenderness in the region of the liver. The area of hepatic dullness was distinctly diminished, the spleen enlarged. The urine was acid, dark brown, very frothy when shaken, and contained bile, but no albumin. The patient died on the fourth day after delivery. The secretion of urine had diminished steadily till complete anuria set in for twenty-four hours before death. The temperature for two days ranged between 99° F. and 100° F.; on the third it began to rise very high, and six hours before the patient's decease it was above 106° F. There was evidence of old pulmonary tubercle. The liver was in size one-third less than normal; microscopical sections showed all the characteristics of acute yellow atrophy. The uterus had contracted well, its muscular tissue was tinged yellow, the cavity contained clot, and there were lacerations in the cervix. — *British Medical Journal*.

RESPIRATION VS. NOURISHMENT.—"What's the patient's temperature this evening, Nurse?" "I've just charted it," returned the nurse, "and I've taken it and the pulse and respiration every two hours." The doctor looked surprised, but silently held out his hand for the neatly-marked record. "What nourishment have you given?" he asked, after looking at it. The nurse seemed startled. "I'm afraid I can't tell you. I know she had some milk once, and since then some beef-tea, but I did not remember about the nourishment this evening. I was so anxious to get the pulse and respiration right." "Then perhaps I had better attend at feeding-times and see to the nourishment myself," retorted the old-fashioned doctor, sharply. — *New York Medical Journal*.

BLINDNESS IN HORSES PRODUCED BY EATING THE TOBACCO-PLANT.—In certain districts of New South Wales a large percentage of horses became affected with blindness, and a series of interesting investigations into its nature and cause are being conducted at the Veterinary College, Melbourne. The various plants growing in the affected districts were carefully examined, and among them was the native tobacco (*Nicotia suaveolens*). When this was given to horses toxic symptoms were produced, with, after a time, failure of sight. The results of clinical investigation and post-mortem examination point very strongly to the conclusion that the affection is a tobacco amblyopia or retrobulbar neuritis, similar in all respects to the same affection in man produced by smoking to excess. — *Indian Medical Record*.

FLORIDA AND ESPECIALLY TARPON SPRINGS.—We were shown recently a very enthusiastic letter regarding Tarpon Springs and the adjacent region, its healthfulness, beauty, facilities for pleasure, etc., written by Dr. O. B. Douglas, the eminent specialist of New York City, and have also received a very attractive circular of the Tarpon Springs Hotel.

We can fully agree with all Dr. Douglas says, and from personal knowledge do not hesitate to recommend the region in the strongest terms. We believe there is no better point for persons suffering from pulmonary and catarrhal conditions, as well as many other diseases.

We understand that the Florida Central and Peninsular Railroad has this winter established a line which, in comfort, convenience, beauty, and expedition, surpasses all previous seasons, and by which tourists leaving the North in the morning can be at Tarpon Springs on the evening of the second day. Yet, it seems very difficult to obtain information as to rates, times of leaving, and to learn the various details of the journey. This is not as it should be. Notwithstanding all the beauty of the region, its attractions, healthfulness, etc., it is not good management to overlook the publication and dissemination of matters of as much moment to intending visitors as these. The tourist who wishes to go to, St. Augustine, Jacksonville, Tampa, Ashville, and other Southern points has no difficulty, at almost any point, in obtaining all the information required. In view of the growing interest in this region, of the many favorable reports that have been made regarding it by medical men who have sent their patients there, and the increasing number of people who are each winter turning their faces toward Tarpon Springs, it is not wise that this important item should be neglected.

We recommend to the F. C. and P., the Sanford and St. Petersburg, and the various hotel interests at Tarpon Springs and in the vicinity, that they "mend their fences" in this respect, and give the medical world what it wishes,—viz., full information regarding all these important points, that it may be imparted to those patients whom they send in that direction.

A CERTAIN DETERMINATION OF SEX.—Dr. X, of Paris, has discovered an infallible method of determining the sex of the child *in utero*. After a conscientious auscultation and palpation of Madame Z., he announces that "It will be a boy," and at the same time notes on his tablets: "Madame Z.—a girl." When the accouchement takes place, if the new-comer is a boy, well and good; if it is a girl, he exhibits his tablets and assures the mother that she must have misunderstood him. It is not noted what his method is in multiple births.

EARLY SYPHILITIC GLYCOSURIA.—M. A. Tchistiaff describes in detail an instance of glycosuria occurring in the early stage of syphilis, and rapidly disappearing under the influence of the usual antisyphilitic treatment. Reviewing similar cases recorded in literature (Seegen, Servantie, and others), he comes to the conclusion that, in the course of the secondary incubation stage of syphilis, there may sometimes develop glycosuria of a benign nature which is characterized by the following clinical features: (a) the daily amount of sugar in the urine remains scanty; (b) the daily quantity of the urine does not undergo any considerable increase; (c) beyond the presence of sugar, the composition of the urine does not show any marked deviation from the normal standard; (d) increase of thirst and appetite and emaciation occur within fairly moderate limits; and (e) the disturbance is of a more or less fleeting nature, and may subside spontaneously after the eruption of initial cutaneous syphilis. The glycosuria seems to constitute a manifestation and result of a perverted tissue metabolism arising in the earlier period of syphilis.—*British Medical Journal*.

CATHETERIZATION OF ARTERIES.—Severeanu, of Bucharest, says that in many cases in which he has amputated limbs for gangrene sloughing of the stump has occurred, with the result that healing took place by second intention, or a second amputation had to be performed higher up. This has especially been the case in the lower limb after amputation of the foot. It occurred to the author, therefore, that it might be useful to restore the perviousness of the plugged arteries by passing a catheter into them. He put this idea into execution for the first time in the case of a man between 50 and 60 years of age, on whom he operated for gangrene of the foot due to weakness of the heart's action. Arterial pulsation could only be felt high up in the thigh; the gangrene had invaded the leg and was spreading upward. Amputation was performed at the seat of election; what slight bleeding there was during the operation was little more than capillary oozing; there was no arterial jet. The author had provided himself with gum-elastic catheters (Nos. 1, 2, and 3, Charrière's scale), thoroughly aseptitized by means of alcohol and carbolic acid. These he passed for their whole length into the lumen of the divided arteries, moving them up and down in the vessels. Soon a little blood escaped by the side of the catheter; on withdrawing the instrument the force of the blood-stream expelled some cylindrical plugs having the form and size of the several arteries concerned, and the local circulation was re-established. The arteries were then tied. The tissues of the stump soon acquired a healthier color, and healing took place by first intention.

Since then Severeanu has had recourse to the same procedure whenever, in amputating for gangrene, he has found plugging of the arteries. As a rule, the catheter passes completely into the vessel. In some cases, however, it has been found impossible to introduce it owing to adhesions formed between the coagulum and the vessel-wall; in these circumstances partial or complete gangrene of the stump is frequent.—*Progrès Médicale*.

BOOK REVIEWS.

Medical Jurisprudence, Forensic Medicine, and Toxicology. By R. A. WITTHAUS, A.M., M.D., and TRACY C. BECKER, A.B., LL.B. With the Collaboration of AUGUST BECKER, ESQ.; W. N. BULLARD, M.D.; W. B. OUTTEN, M.D.; HON. WM. A. POSTE; EDWARD S. WOOD, M.D.; H. P. LOOMIS, M.D.; ROSWELL PARK, M.D.; J. H. WOODWARD, M.D., and others. Volumes i and ii. New York: William Wood & Co., 1894.

The hearty co-operation of physicians and lawyers in preparing works upon medical jurisprudence and allied topics is one of the signs of the times which cannot be too warmly applauded. The interests of scientific truth and public justice are best subserved by the united labors of members of the two professions which have to deal with cases which demand both medical and legal attention. As many of these cases, and perhaps most, come, in the first place, under the care of the general practitioner of medicine, it is eminently desirable that every physician should be prepared to meet the exigencies in a creditable manner. Frequent reference to such a work as that before us would enable many a one to acquit himself upon the witness-stand in a manner more satisfactory than is always the case. In former years too little direct instruction was given in the medical schools upon the subjects treated in this work.

The whole subject of mutual importance to physicians and lawyers divides itself into several branches. Medical jurisprudence treats of the laws relating to the practice of medicine. Forensic medicine is concerned with the application of medical, surgical, and obstetrical knowledge to the purposes of legal trials. Similarly, as regards toxicology, we recognize a division between the study whose object is the prevention or cure of all forms of poisoning and that which has to do with the detection of criminal poisoning. It is interesting to observe that the germs of medico-legal science are to be found in the literature of the cultivated nations of antiquity.

Necessarily, in ancient times the subject was approached principally from the legal point of view. It is only in recent times, since the development especially of organic chemistry that the subject of toxicology could be treated with any approach to thoroughness.

The work under review consists of a number of contributions by different writers, treating of the branches into which the general subject is subdivided. One to which we would particularly call attention, as concerned with a highly important topic, and one upon which inexact ideas probably exist in many minds, is that upon "The Law of Evidence Concerning Confidential Communications," by Charles A. Boston, of the New York City bar. How to respect the confidence of a patient without tacitly conniving at injustice and crime is a point which must often have disturbed the mind of the conscientious physician. A good paper upon "Personal Identity" is from the pen of Dr. Irving C. Rosse. The always-important questions relative to the "Medico-Legal Consideration of Wounds in General and Gunshot Wounds in Particular" are discussed by Dr. George Woolsey and Prof. Roswell Park. "Abortion and Infanticide" is another matter which is every day brought to the knowledge of the physician, and which is ably discussed by Prof. J. Chalmers Cameron. Other practical papers are upon "Pregnancy, Labor, and the Puerperal State," by Dr. J. Clifton Edgar, and "Sexual Incapacity," by Dr. Irving C. Rosse. The remaining contributions are all well written and are of importance, though they relate to matters which are of less frequent occurrence than those to which we have made allusion.

The Principles of Surgery and Surgical Pathology.

General Rules Governing Operations and the Application of Dressings. By Dr. HERMANN TILLMANN, Professor in the University of Leipzig. Translated from the third German edition by JOHN ROGERS, M.D., New York, and BENJAMIN TILTON, M.D., New York. Edited by LEWIS A. STIMSON, M.D., Professor of Surgery in the University of the City of New York, Medical Department. With 441 Illustrations. New York: D. Appleton & Co., 1894.

This excellent and well-translated work is divided into three sections, the first of which treats of the general principles governing surgical operations; the second relates to the methods of applying surgical dressings; and the third to surgical pathology and therapy. The directions given in the first part are clear and to the point. As regards anesthesia the author states very fairly, though briefly, from the point of view of the practical surgeon, the respective advan-

tages and disadvantages of ether and chloroform. The main rules for securing asepsis immediately prior to and during operations are laid down; the methods of arresting hæmorrhage and the principles relating to drainage are explained. The methods of applying bandages and other dressings are succinctly given in the second part. In the section devoted to surgical pathology and therapy, the first chapter treats of inflammation, the second of injuries and surgical diseases of the soft parts, the third of injuries and surgical diseases of bone, the fourth of injuries and diseases of joints, and the fifth of tumors.

This work can be recommended as a valuable addition to the library of the surgeon. In contradistinction to many German works, it is of moderate size, and aims to present cardinal facts rather than elaborate the subject in an exhaustive manner. The print is excellent and the plates are good.

Obstetric Surgery. By EGBERT H. GRANDIN, M.D., Obstetric Surgeon to the New York Maternity Hospital, Gynæcologist to the French Hospital, etc.; and GEORGE W. JARMAN, M.D., Obstetric Surgeon to the New York Maternity Hospital, Gynæcologist to the Cancer Hospital, etc.; with Eighty-five (85) Illustrations in the Text and Fifteen Full-Page Photographic Plates. Royal Octavo, 220 pp. Extra cloth, \$2.50, net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

In this volume, beautifully issued by the publishers, the authors have, relying upon a wide experience, given the reader just the information which he needs for the fulfillment of his daily duties. As the title implies, the work deals with those cases, liable to be met with at any time, in which the attendant must take a more active part than is demanded in the conduct of a normal labor. We must learn to recognize the anatomical configurations which produce dystocia. The methods by which the diameters of abnormal pelves are obtained are given in a valuable chapter. The indications for the use of the forceps and the performance of version are plainly and carefully given. The authors have written a good chapter on symphysiotomy. They conclude that the only risk is from sepsis, but this risk is associated with every operation, both major and minor. They think that the future will establish this operation on a firm basis, but that at present, especially in private practice, prognosis should be guarded concerning its effects on locomotion. The book contains further chapters on Cæsarian section, embryotomy, the surgery of the puerperium, and ectopic gestation. The text is throughout illustrated by excellent engravings.

COMMERCIAL NEWS.

MEDICINAL VS. COMMERCIAL PEROXIDE OF HYDROGEN.

Professional indifference and professional inactivity are probably the two greatest enemies to our individual progress in the profession. Whereas cultivation will alone fit us individually with that broad-gauge knowledge, the practical appreciation of which marks, with lasting effect, the progress to success. Hence, earnest interest and labor are essential requisites, if we would learn to discriminate between the opportunities presenting, lest we cultivate a flowerless plant or we find weeds instead of roses when we look for success. This is aptly illustrated by the course pursued with regard to the selection of remedial agents by so many of us in the profession, from time to time, and probably in no instance more forcibly than in the use of Peroxide of Hydrogen (H_2O_2). In this connection, I feel it but a personal duty to the profession to record my own experience with this agent, having for several years made use of Peroxide of Hydrogen in suitable cases (*i.e.*, chiefly where pus formation was found), with very varying results. Like most of my brethren, I took it for granted that H_2O_2 was the same, so long as it was made by our leading manufacturing chemists, and consequently paid no attention as to the effects of special brands, since I felt confident that my druggist was handling only the products of first-class manufacturers, and could distinguish between the "Commercial" and "Medicinal" articles. The result being that I was not impressed with anything like an absolute confidence in this agent to arrest pus formation. It was not till in October, 1891, when in attendance at the annual meeting of the Mississippi Valley Medical Association in St. Louis, that in a personal interview with Dr. Charles Marchand of New York, relative to the product of his manufacture, that I decided to give this agent another fair trial, and watching the effects carefully with reference to the different makes in the market. This upon the avowed assurance of Dr. Marchand, there was a most striking difference in the result of using the product of different manufacturers. After almost another year of numerous trials and careful accurate observation with a number of different makes in the market, I am prepared to confidently indorse all that is claimed for the superiority of Marchand's make. I have used three different products alike in abscesses of almost every description, ulcers, gangrene, cancer, endometritis, specific vaginitis, diphtheria, etc., and in each and every instance Mar-

chand's preparation proved above all, not only the most effectual, but in every way a most satisfactory agent for arresting pus formation, and as a non-irritating antiseptic for general use. Therefore, I most earnestly counsel my fellow co-laborers in the profession to be particular in specifying Marchand's Peroxide of Hydrogen (medicinal) whenever this agent is called in use by them.

W. B. DEWEES, M.D.,
Salina, Kans.

GENTLEMEN: Please find \$1.00 in payment for the BULLETIN, and please send it another year. I am taking others, but I consider this superior in detail, and in fact in every sense, for the price.

Yours respectfully,
DR. HELEN L. NICHOLS,
68 Walnut Street, Fall River, Mass.

GENTLEMEN: Your Hayden's Viburnum Compound has long been a familiar name and recognized uterine and ovarian tonic and sedative of value. It meets all indications in numerous functional disorders, and is no small aid in cases of surgical gynecology, before and after operation. I have given some little attention to this class of work, and have found few patients where local treatment was not successfully supplemented by medication which bettered the circulation and nutrition of pelvic viscera. But this factor is not appreciated by the profession at large.

Very truly,
DR. LYDIA ROSS,
Denver, Col.

NEW PRESCRIPTION FOR LA GRIFFE.

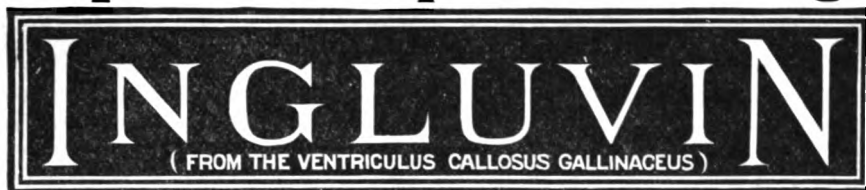
To control the high fever, give Antikamnia. To overcome the extreme depression, give Quinine. To conquer the terrible rheumatic aches, give Salol. Time is saved and the patients are pleased by combining these three remedies in one prescription. They are most easily given in "Antikamnia, Quinine, and Salol Tablets," containing Antikamnia, 2 grains; Quinine, 2 grains; and Salol, 1 grain.

KOLAVIN.

Considerable interest is being evinced by physicians regarding the tonic stimulant action of Kola, and it is coming to be largely used in cases of nervous exhaustion, as it combines the invigorating properties of caffeine with the stimulating effects of theobromine and kolanin, which latter peculiar principle is claimed by some investigators to be superior to cocaine as a stimulant, without the enslaving properties of the latter alkaloid. This peculiar principle

(Continued on advertising page 18)

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"I have also found Ingluvin useful in the organic complaints of the stomach, and in the indomitable vomiting and painful dyspepsia to which women are subject during pregnancy. I have employed the agent, moreover, in the convalescent state of many patients, when I have not only noted the alteration of the gastric secretions, but of the extreme instability of the stomach.

"I have not the least doubt that the Ingluvin, of which you have the sale in Spain, will, in a short time, become a substitute for pepsin on account of its being more active than the latter; but, as is only logical, you should obtain a rapid result by bringing this preparation to be known in all Spain by the opportune measures you usually adopt.

"Hoping you will have the justice to manifest to the manufacturer the results I have obtained with Ingluvin, I am, &c.

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is found more abundantly in the fresh (undried) kola-nuts, and, taking advantage of the knowledge of this fact, Messrs. Frederick Stearns & Company, of Detroit, Mich., have been the first to place on the market a Wine of Kola, for which they have coined the fanciful title "Kolavin," to distinguish their product from similar preparations which in time will undoubtedly appear. "Kolavin" is a delicious aromatic tonic wine, each dose (a tablespoonful) of which contains 30 grains of the fresh (undried) kola-nuts. It is a prompt and active stimulant, and is useful in all cases where a stimulant is needed. Samples of "Kolavin" may be obtained by addressing the manufacturers, Frederick Stearns & Company, Detroit, Mich., who are headquarters for kola-nuts in this country, having introduced the drug to the medical profession in 1881, and being the sole importers of the fresh (undried) nuts from Africa. Their Scientific Department has recently issued an elaborate monograph on Kola, profusely illustrated, which is worthy of a careful perusal, and will be sent to any physician who will apply for a copy.

I NEVER feel contented until I have thoroughly read and sometimes re-read the BULLETIN. It is a great help to me in many cases.

JOHN S. MITCHELL, M.D.,
136 W. Chester Park, Boston.

SKIN DISEASES.

I received in due time and in good order a sample of your Pineoline (Walker). My special reason for wishing to test its virtues was in a case of obstinate mucous irritation of the urethral tract. I have given Pineoline a fair trial in a case by lubricating the catheter when used. The unirritating and healing effects of the medicine had the desired effect, for which I am greatly pleased. I have used it in irritating skin diseases and found its action decidedly satisfactory. Your Pineoline must take a front rank in the treatment of those diseases for which it is recommended.

J. P. COWLES, M.D.,
Hartford, Conn.

To the Walker Pharmacal Co., St. Louis, Mo.

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The following treatment for chorea is highly recommended by Dr. L. E. Lemen, Professor of Clinical Surgery in the Gross Medical College of Denver; Health Commissioner of Denver; Surgeon to St. Joseph's Hospital; Division Surgeon of Union Pacific Railway;

President of State Board of Commissioners of Insane Asylum, etc.: "Put the patient on Fowler's solution of arsenic, and continue until the eyelids show distension, then stop the arsenic and administer 'Angier's Petroleum Emulsion' until this symptom disappears."

Dr. Lemen claims that by alternating these two remedies in this way he has never failed to cure the worst cases in from three to five weeks.

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H. C. Raymond, D.D.S., says: "I take pleasure in saying that I have been using the Pyrozone Solutions for several months, and have found the results highly satisfactory. It is, indeed, gratifying to know that a drug so valuable as hydrogen dioxide, has been made stable and so free from acid. This will unquestionably widen its field of usefulness in dental surgery.

"As a bleaching agent I have had some excellent results with the 25-per-cent. solution, and it promises to be exceedingly useful in the treatment of pyorrhoea alveolaris, though I have not been using it long enough in that direction to feel justified in making any definite statements.

"The 5-per-cent. solution I use largely in setting crowns and bridges, its styptic qualities rendering it extremely valuable in arresting any bleeding, and in effectually stopping up the pores through which moisture will find its way. Operators in crown and bridge work who have not used Pyrozone for this purpose have no idea what an aid it is in keeping the parts perfectly dry. I prescribe 3-per-cent. Pyrozone for my patients, to be used as a mouth-wash just before retiring, and specially urge its use to those wearing plates and crowns, or bridges, for its prophylactic qualities are, in my opinion, inestimable."

KENNEDY'S Extract of *Pinus Canadensis*, which is now made by the Rio Chemical Company of St. Louis, has long been known in this country, chiefly from the indorsement it received from the late Dr. Marion Sims, as an efficient astringent and alterative when applied to mucous surfaces. It now seems to be coming into extensive use in England, where many medical men have reported excellent results with it in various catarrhal difficulties.

THE BULLETIN is a great and good journal. I could not practice successfully without it.

D. T. BOYD, M.D.,
Campbell, Mo.

Packer's

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Fig. XVII.—Dorsal.

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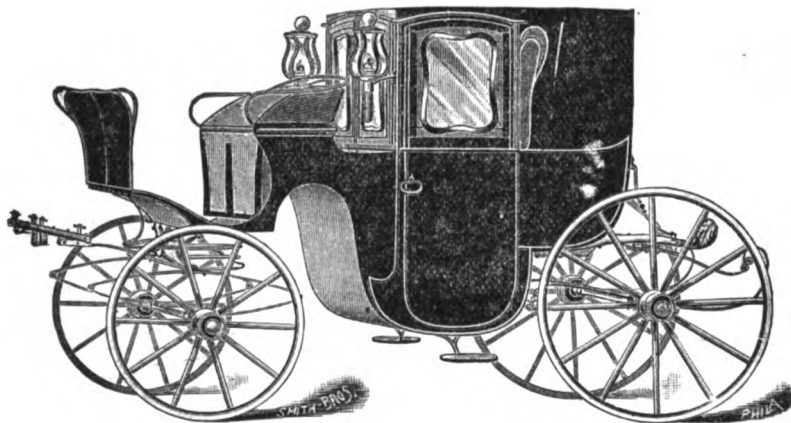
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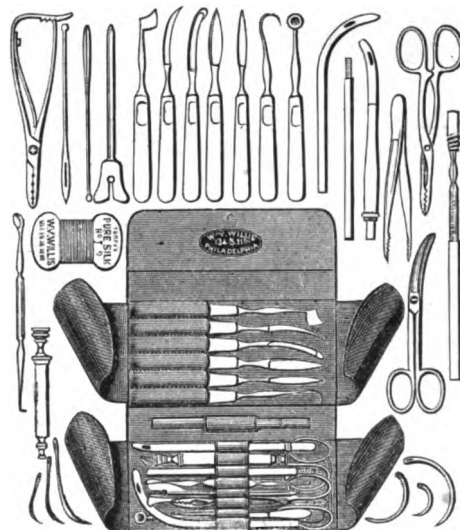
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No. 2

ORIGINAL COMMUNICATIONS.

THE HYPNOTIC VALUE OF TRIONAL.

By G. A. HEWITT, M.D.,
PHILADELPHIA.

ONE of the penalties frequently attendant upon active life in these modern times and in large cities is insomnia. Children and youth fatigue themselves in their plays and games, and can sleep almost as soon as the head touches the pillow. Country people enjoy fresh air and have abundant exercise. They are, as a rule, free from keen anxiety, and nightly enjoy the blessings of profound repose. The mechanic, who labors all day at his trade, seldom suffers from wakeful nights. The competition, struggles, anxieties, and responsibilities of commercial and professional life in populous communities constitute, however, such a strain upon the nervous system in general, and the brain in particular, that many retire to bed only to be pursued by the calculations of the day. Sleep is long in wooing their eyelids, and, when it comes, is perhaps not very deep or refreshing. It is obvious that when this condition is continued it must entail other physical ills. Insufficient rest materially impairs nutrition. Furthermore, there is a large class of individuals subject to more or less developed disorder of the nervous system, and in whom sleep is light and fitful.

Physicians are, therefore, constantly obliged to prescribe medicines which possess an hypnotic power. It is always desirable to avoid drugs which impair appetite, nauseate, constipate, or exert a marked depressant influence upon the circulation. Among various remedies intro-

duced into practice during the last few years, trional has proved itself of decided efficacy. Trional occurs in the form of white crystalline tablets or flakes, has a bitterish taste, is free from odor, is freely soluble in alcohol and ether, but dissolves sparingly in cold water. It can be conveniently administered in warm fluids, and a dose of 10 to 20 grains is usually sufficient to produce the desired result. In these quantities it produces no toxic manifestations. It does not depress the action of the heart or the force of the circulation, and has no influence upon the respiration or bodily temperature. The sleep produced by trional lasts from five to nine hours, or longer, according to the nature of the case, is sound and refreshing; the patient awakens readily and with a clear head. After effects are seldom observed. There is little or no tendency to the formation of a habit from the use of this substance. A cumulative effect has been witnessed in some instances, when the drug was given without sufficient interval of time to allow for thorough elimination from the system. Such an occurrence, however, can be easily avoided. No disorder follows the discontinuance of this drug. When administered for considerable periods and in large doses, it is a matter of prudence to watch the kidneys.

It is in simple insomnia that trional is most useful to the general practitioner. There are also many chronic diseases unattended by severe pain, but in which wakefulness is a feature of sufficient prominence to demand special measures for relief. Again, mental affections of a mild character, or in an early stage, fall first into the hands of the family physician, and in these cases an hypnotic will be frequently demanded.

Brief allusion may now be made to a few cases seen in general practice, and illustrative of the usefulness of trional:—

1. A woman, 35 years of age, of markedly nervous temperament, greatly interested in spiritualism, and who spent much of her time in attending *stances*, complained of a train of nervous symptoms, but especially of inability to sleep. After various expedients and remedies had been tried with unsatisfactory success, recourse was had to trional. It was administered in the dose of 20 grains immediately after she had retired for the night, and the result was all that could be desired. A refreshing sleep was obtained, and the next morning she awoke refreshed. The drug also exerted a sedative influence upon the other symptoms from which she suffered. It was soon found to be unnecessary to take the remedy every night. In the absence of unusual excitement an occasional dose only was required. The insomnia was decidedly relieved, and no habit was established.

2. An exceptionally active and nervous, but, in the main, healthy man experienced great difficulty in obtaining sleep. He had been thus afflicted for years, and many different drugs had, at various times, been taken with a varying degree of benefit. The use of trional was followed by marked improvement.

3. A woman, 50 years of age, of neurotic type, who had long been a periodical sufferer from symptoms due to disorder of the nervous system, slept soundly when free from those manifestations. At times she would remain well for months. Recurrence of nervous attacks was invariably attended by sleeplessness. At these junctures trional was found decidedly more useful than agents which had heretofore been employed. It procured sleep and allayed the excitement and restlessness under which she labored.

4. An energetic business man, 40 years of age, had suffered for several months from extreme functional disorder of the nervous system, and had been so greatly troubled by insomnia that he dreaded going to bed. Trional was employed with very happy effect. It not only occasioned sleep, but was also of service in allaying excessive nervous excitability.

5. A woman, 42 years of age, afflicted with melancholia and insomnia, was much relieved as to the latter by the administration of trional,

though it seemed to exert no influence upon the mental condition.

The above historical notes will serve to indicate the class of cases in which trional may be given with advantage. It will be found an excellent hypnotic whenever wakefulness is not caused by pain. It is of decided value in the treatment of restlessness, excitement, and insomnia of insane patients. Trional likewise seems to be of service in restraining night-sweats.

Dr. Russell Bellamy, of Colorado Springs, made use of trional with decided advantage in delirium tremens during a service in the alcoholic wards of Bellevue Hospital. During his term nearly 500 patients were admitted. Most of these cases were treated by means of a calomel purge and 20 grains of trional, mixed in water, with 10 minims of tincture of capsicum in order to hasten absorption. If the delirium showed no signs of abatement in thirty minutes 10 grains of trional were given, and if this had no effect in an hour 20 grains were added. In nearly every instance sleep followed the administration of 50 grains, and the pulse and respiration were stimulated. The drug seemed also to exert some antipyretic influence. It was always well borne by the stomach, and produced no unpleasant after-effects, unless in only a few exceptional cases.

Excellent reports have been made regarding its use in the treatment of the insane by Dr. A. Boettiger, of Bonn; Dr. Wm. Mabon, of the Utica (N. Y.) State Hospital; Dr. Brie, of Bonn, and other writers. Dr. Mabon found it of service both as an hypnotic and sedative in various forms of melancholia, mania, and dementia. Dr. J. B. Mattison, of Brooklyn, esteems trional as a serviceable remedy in cases of addiction to opium, chloral, or cocaine. He states that out of one hundred administrations he has found it successful in ninety. It is especially useful in the beginning of the period of abstinence from the narcotics named.

THE officers elected at the last meeting of the Mississippi Valley Medical Association are: President, Dr. W. N. Wishard, of Indianapolis; Vice-Presidents, Dr. Thomas E. Holland, of Hot Springs, and Dr. Charles B. Parker, of Cleveland; Secretary, Dr. F. C. Woodburn, of Indianapolis; Treasurer, Dr. George J. Cook, Indianapolis. The next place of meeting is Detroit, Mich.

THE BEST WATERS TO DRINK.

By EPHRAIM CUTTER, M.D., LL.D.,

Corresponding Member of the Italian and Belgian Microscopical Societies, New York.

PRELUDE.

THE ground is here taken that water is man's best drink, *because*,

- (a) It is the natural liquid for drinks.
- (b) The human body is three-fourths water.
- (c) Because water enters into all drinks used as liquid foods and all intoxicating liquors.
- (d) It thins the blood and dissolves out the abnormal gravels found in the system.
- (e) Its office is to keep these salts in solution so that they will not be thrown down as gravel, in granular, massive, or crystalline form.
- (f) Water is for washing out the alimentary canal, liver, kidneys, skin, and lungs.
- (g) When drank it promotes peristalsis downward, thus causing no pathological delays of undigested food, to ferment and paralyze parts near and remote by the gases of fermentation.
- (h) Water in proper quantities and temperature can be drank daily with no harm; on the contrary, with the direct promotion of health.
- (i) Water never clogs the parts like distilled and undistilled alcoholic liquors.
- (j) Water enters into the composition of nearly every form, element, and tissue of the human body.
- (k) Deprive mankind of water in all forms, and death results accompanied by agonizing torments, as seen in waterless travelers on the Sahara Desert.

(l) Water is a food, as explained by paragraph (j).

(m) Water moistens, relaxes, tones, and makes useful all the body; only dry or deprive the body-tissues of water, and this is proved.

(n) Deprive the blood of water, and it would not flow; the saliva, and the mouth would be parched; the milk, and there would be no milk. Without water there is not stomachic collateral digestive circulation,—no bile, no urine, no fæces, no form of muscular locomotion, no tears, no joint-juice, no chyle, no chyme, no central spinal fluid, no sweat; nor would there be any gin, rum, cider, beer, brandy, wine, porter, etc., as all these contain more or less water. Few if any have seen alcohol of 100 per cent. purity. Even the air we breathe, and whence we are called animals,

contains a large amount of water, and, on the other hand, water to be palatable must contain air. Airless water means death to fishes.

These considerations, though exceedingly trite, are enough to show the vital need of man for water, and that man cannot exist without water. The question is: What form of water is best for mankind? This question has been studied for a long time. Among no writers will be found recommendations of impure water, as of ponds and ditches loaded with animal or vegetable life, as if a zoölogical or botanical garden; of saline waters like the ocean, unless as medicines; nor of waters putrid with human or other animal excrement, or putrid with animals dead and decomposing; nor waters from the slums of pest-houses, tanners' rendering establishments, etc.; but our common sense teaches that the best waters are the purest waters, or *vice versa*.

For example, we enumerate:—

1. Well-waters with no sewage-drainage contamination—*good*.
2. Spring-waters away from man—*better*.
3. Aërated distilled waters—*best*.

Let us take them in reversed order:—

3. BEST. AERATED DISTILLED WATER.

By this is meant not the ordinary distilled water of the laboratory, as the tube of the still enters the flask, and the water is condensed away from the open air; such is tasteless if not bitter with empyreumatic odors. But we mean water distilled when the distillate drips at least three inches in the outside air, in a spheroidal condition. By experiments this distance of aërial transit is found to give the flavor and attractiveness of spring-water. Of potable waters, distilled water is probably in the largest quantity. Consider that the oceans, seas, lakes, ponds, the foliage of all plants, and the surfaces of all terrestrial objects are continuously vaporizing water, even at temperatures below 60° F; how this enormous cosmic evaporation of water forms insensible watery vapors, dew, fogs, mist, rain, snow, and hail in the air; that the source of all our collections of water is from water distilled into the air as above indicated; that spring-water is really distilled water mixed with the matters it has dissolved out of the earth, salts, gases.

Rain-water is distilled water freed from organic and inorganic matters save those encountered or washed out of the atmosphere

and collected on the water-shed, as smoke on roofs.

Were it not that air is a huge vehicle for the carriage of many substances, rain-water would be the most desirable water. Indeed, many people prefer and use it, as it is, for one thing, freed from the unhealthy albuminous, mineral, and organic matters which impregnate well-waters among the abodes of man.

Artificially-distilled waters have long stood at the very fore-front of potable waters, and correctly, as follows (repetition is unavoidable):—

1. Because it is the purest form of water obtainable; it is not perfectly pure, as shown by this incident: Some years ago I was furnished with a few bottles of thrice distilled water from the United States Naval Laboratory; although kept corked for use in microscopy, this thrice-distilled water was seen after awhile to contain mycelia of fungi so as to be visible to the naked eye. Probably the bacteria of these fungi filtered in from the atmosphere.

2. Because distilled water has no salts. The ocean has become salt because of the salts left during ages by evaporating the rain, snow, etc. The following diseases are forms of gravel:—

(a) Calculi in the kidneys, gall and urinary bladders, nares, and under the tongue.

(b) Asthma, gravel of the lungs.

(c) Rheumatism, gravel of the blood.

(d) Atheroma, gravel of the arteries.

(e) Stony hearts are calculous.

(f) Gout is a urate-of-soda gravel.

(g) Some intestinal solid concretions are collections of gravel. These are found in fæces and nearly all the urinary crystalline deposits. Fatty ills (degeneration) are accompanied with gravelly deposits generally as a cause. When it is considered that in such diseases the great thing to be done is to dissolve away this gravelly deposit and quicken the circulation in the capillaries, it is clear that the thinnest (most attenuated as the ancients called it) water will dissolve away the most gravel and thin the blood so that it will flow better in the capillaries, and hence is *par excellence* the remedy.

This is American doctrine appropriated by the French (according to Dr. R. H. Sayre). So that, if sufferers desire to get well enough to do the right thing, they had better drink that liquid which, the moment it enters the

system, will dissolve better than any other liquid the salts it encounters, on exactly the same principle as when one wishes to rid a vessel of salts that are crystallized into it he pours in water that has no salts, well knowing the futility of trying to dissolve salts with waters already saturated with salts! To illustrate this, a patient of my son, Dr. John A. Cutter, was voiding renal calculi. To relieve this he had, unknown to my son, been drinking a spring-water containing half an ounce of salts to the gallon; his case was reported in the circular of this spring-water company as one of its marvelous cures, when, on the contrary, it was only making him void more calculi; and very naturally, because he was piling in on his already saturated system more salts at the rate of half an ounce to the gallon! The idea in this case was carried out to introduce distilled saltless water, with the result of stopping the output of calculi and relief. (N. B.: This case had albuminuria, alternating casts, and fatty epithelia; aged 60 years; a politician; had been a heavy drinker; abdomen enormous; was fed for nearly two years on roast and broiled beef, lamb, or mutton, with one vegetable; much variation from this diet or any lapses into drink would bring on the renal calculi and passage of blood and gravel. He is now in robust health, with urine usually normal; dietary greater, but animal food the main-stay. This is only a part of the clinical evidence that the essence of Bright's disease is not the feeding of nitrogen in excess, but a fatty degeneration of tissues due to partial paralysis from gases of fermentation; but this is "another story.")

2. BETTER. SPRING-WATERS AWAY FROM MAN.

While this is said of distilled waters, it is also true that there are natural waters with an insignificant amount of saline matter,—say, anything less than ten grains to the gallon,—which also are free from the zoölogical and botanical gardens referred to, and uncontaminated by human defilement, which answer next to distilled waters, and which can be furnished more cheaply, as there is no cost of fuel. Among them is the famous Great Bear Spring water, which I have carefully studied and find to be free from the organic life found in the ordinary hydrant-waters of towns or cities, or in the waters of wells as far as I have gone,

and which, from the insignificant amount of salts contained, proves to be a wholesome, healthy, natural drink to be used in cooking, on the table, or other domestic and social uses.

Still—i.e., Non-Gaseous—Waters.—In Apollinaris, Seltzer, Hygeia, etc. (sparkling waters), carbonic-acid gas is in excess. If some one could get up a water sparkling from oxygen, it would be a great thing. There are objections to carbonic-acid gas used all the time; it is a poison, when breathed, and in large excess in the alimentary canal. The bane of my life professionally is carbonic acid gas in the alimentary canal; and this, too, in a person who drinks no sparkling waters, but in whom the carbonic acid is formed by the alcoholic fermentation,—i.e., alcohol, carbonic acid,—and, if prolonged, vinegary fermentation. This carbonic-acid gas in excess and long-continued causes: 1. A partial paralysis of parts near and remote. 2. A dilatation—especially if weakened by any cause—of the alimentary canal, and, as time and the cause go on acting, a fibroid thickening of the walls of said canal. I have seen a stomach thus dilated to one-half the size of the abdomen. 3. The partial paralysis near and remote impedes circulation, secretion, and function, so that (4) there may happen fatty degeneration and colloid catarrh. 5. Cases have been observed where the paralysis of the lower half of the body occurred under these circumstances.

Now, is it wise to promote lesions occurring from carbonic acid in excess by pouring more carbonic acid into the alimentary canal by means of drinks heavily charged with carbonic-acid gas? If a splinter hurts, does a surgeon cure by putting another splinter in by its side? No. The way to relieve carbonic-acid ills is by stopping off its use. Hence the writer would use all his powers, medical, official, and clinical, to prevent the use of carbonic-acid gas in foods and drinks, when the alimentary canal is loaded with said gas already, assuming that it is a criminal error to pile mischief on mischief when mischief should be taken away to preserve the health. He advises then, with all his influence, the use of still-distilled or sparsely-salt spring-waters in preference to the sparkling waters whose effervescence pleases the eye and seems to confer a dignity on the drinkers at public dinners and on ocean steam ships.

He is the more earnest in this because he believes that many sudden deaths are caused by the stomach being filled with carbonic-acid gas. The latter osmotes through the stomach-walls and pericardial sac, and directly paralyzes the heart and stops its beats,—one of the most important American medical ideas of the age. Not long ago I was at a club dinner in New York; a physician sitting near drank largely of carbonic-acid drinks and ate heartily of carbonic acid-producing foods. The next morning this physician was found dead in his bed. Death, in the writer's opinion, was probably due to the excess of carbonic-acid gas taken into the system, and which usually manifests its action at about 3 A.M. because it accumulates and distends the most at this hour. Again, in cases of heartache, palpitation combined with fear of impending death, unable to gulp up wind for relief; after the eructation the pressure and paralysis is diminished, and the heart, almost overwhelmed, is freed to do its work. Never forget that hot still-water, impregnated or not with herbs, is one of the best means to cause contractions of an over-distended stomach or bowels; the main virtue of the ptisans of the French is the hot water in them. The old-fashioned emetic is also of value in this condition. Lately I have had the history of a woman falling dead suddenly after taking a purgative powder which freed carbonic gas in her stomach; any one who has had any experience treating horses sick with colic, and has seen how suddenly they die from the gas-pressure, although in their case there may be also sulphydric-acid gas, will appreciate the toughness of man in fighting intestinal fermentative gases as long as he does. All these go to show the superiority of gasless water to the sparkling. *Verbum sapientis.*

I. GOOD. WELL-WATER.

By this is meant water obtained by sinking shafts into the earth, either by driving tubes or by excavations down to the water-line below. It is an Anglo-Saxon word, and formerly meant spring-water, which now is usually located away from town. There is one large flowing spring at Plymouth, Mass., that courses through the street, but its water is impregnated with organic matter and does not bear out its reputation. A well, as now understood, is a collection of water obtained as above, usually closed by a wooden or stone platform and

located in the midst of houses or barns, where its water is more or less impregnated with organic and inorganic impurities as it soaks through from the water-shed. These impurities are more of a chemical than biological character. There may be an excess of salts to help form gravels in the body; albuminoid nitrates to contaminate the viscera; while bacteria and their parent mycelia, commonly called fungi, sometimes flourish and may give rise to typhoid fever and diphtheria. Those who use wells should look "well" to them. If they live in the Bay or Buckeye States, they can consult their boards of health as to the potability of their waters, and get authoritative answers (I do not know how many other State boards do like service to their communities).

While it may be said that people who use water from a well sunk beside a privy-vault have lived to a good old age, it must be added that they have so lived in spite of and not on account of it; it is a fortunate circumstance that it is so in their cases, but no thoughtful persons would drink any but the purest waters. The misfortune of wells is that they have not the purifying influences of sunlight, air, and healthy vegetations.

There is no doubt that most of the forms of animal and vegetable life found in hydrant-waters are there for purification, and that their taking into the system when both are normal is not hurtful; as, for example, we eat celery harmlessly, but decaying celery we do not eat.

The sponges and pelomyxas found in abundance in our hydrant-waters no doubt purify the water and are harmless, but when they die and rot they may be harmful as food. Curiously the protoplasm of these bodies when dead will go through all filters, as they are soluble in water.

Not all bacteria are harmful in well-water, but some are, and it is difficult to detect them. We may use the Irishman's way to detect edible fungi, who said, "If ye ate one o'em and it kills you, it is a toad stool, but if not it is a mushroom," though we are sure it is bad for the experimenters. Still, if one has to use well-water and has ailments which do not yield to ordinary measures, it would be wise to resort to the use of distilled or natural spring-water for a test. Boiling is even a good precaution, as 212° F. coagulate the albumin of all kinds in germs, eggs, or animals, and ren-

der nocent ones innocent. In proof of this it may be said that the Hon. S. K. Takahashi, late Consul-General of Japan in America, told the writer that "*he had noted in Tokio that when thousands of the Japanese died of cholera, none in the Chinese quarter died of it. Mr. Takahashi attributed this immunity to the fact that the Chinese drank only boiled water.*"

HYDRANT-WATER.

Postscript.—Those who would test this water have only to make a cotton-cloth bag, four by two inches, and tie it to a faucet. Let the water run and watch the bag; if it is an average case, the bag will become distended and brown like a sausage in the course of ten or twenty minutes, according to the size of the faucet and water-pressure; the water should then be shut off and the bag removed; next pour contents into a goblet and turn bag inside out by degrees and wash the everted surfaces in the goblet. It will help to blow in the everted bag and, while distended by the air-pressure, to sop the everted surfaces more; close the process by twisting the bag tightly longitudinally. A glance with the naked eye is enough to satisfy the most skeptical of the presence of organic and other matters in the filtrate. If you have a microscope, generally you will find the zoölogical and botanical garden alluded to. In such a case sparsely-salt spring or distilled waters are to be commended. While there is so much pains taken to procure good alcoholic liquors, there is more reason in procuring good aqueous liquors. Hence, if at a banquet you demand your particular brand of wine, gin, champagne, etc., why should not I ask for my spring or distilled water? And as at almost every city street corner there are saloons for the sale of fermented and distilled alcoholic liquors, why should there not be places for the sale of the salubrious, healthful, disease-protective, gravel dissolving, blood-thinning, refreshing, detergent, appetizing, life-giving distilled or natural spring-waters with little salines?

If, as it looks to a superficial observer in any modern city, the chief end of man is "*drink*," why not furnish, as the outcome of the best civilization, the *best drinks* of all, which cheer but not inebriate?

HEARTREST SANATORY:

OFFICES, EQUITABLE BUILDING, NEW YORK.

THE MEDICAL TREATMENT OF
APPENDICITIS.

By THOMAS BROOKS, A.M., M.D.,
DEARBORN, MO.

MY experience in the treatment of four or five cases of appendicitis has been that by the judicious administration of the proper medicament we may induce recovery, and led me to the belief that a resort to surgical procedure is in most cases unnecessary. In a case occurring in a boy 8 years of age I found, upon examination, a fluctuating tumor in the right inguinal region, and localized peritonitis. The tumor was about the size of an ordinary coffee cup, and extremely sensitive to the touch, while the whole region was very tender and the right thigh flexed upon the abdomen. Diarrhoea had existed until several days before my first visit; during this time oil and purgatives were given, but without result. Temperature was $101\frac{1}{2}^{\circ}$ F.

Vigorous treatment was at once begun, and in three or four days the patient was better; in twelve days more he was out of bed, and almost well enough to be with his playmates.

I think that an acute attack of appendicitis predisposes to a recurrence of the malady within a variable length of time. Sixty days have passed without any symptom of recurrence in this case.

Dr. Hall (in the Hot Springs Medical Journal) says that no man would excise a healthy appendix unless he lived in New York; and, further, that he has left it remain to perform its unknown function even when it was necessary to tear it from adherent pus tubes or suppurating ovaries.

This is as natural as any other organ of the human body, and I think it absurd to remove it as a means of preventing disease. I also believe that it is too often removed, especially by those wishing to make a record as abdominal surgeons.

Let us briefly enter into the causes and frequency of this much-exaggerated malady.

The operation for appendicitis has been performed in all classes and nationalities, rich or poor, and from nineteen months up to extreme old age. The causes are: formation of concretions in the sac, extensive inflammation or suppuration of surrounding tissues, or the invasion by foreign bodies, the first being the most common, I believe.

How long will the concretion remain before inflammation is excited? I believe the time is indefinite, from a few hours to many years and even a life-time; and, again, if an autopsy were held on all dying after 40 years of age, we would, I think, find a foreign body in the appendix of the majority. This granted, I do not believe it is rational to operate as a preventive measure.

Some may claim that my calculations are too high concerning the frequency of these concretions or foreign bodies in the appendix. Let us reflect simply that this opening at the ileo-cæcal valve is ready to receive any intruder that may come along, and that it even has the force of gravity in its favor. Now, then, can a day pass without something falling into this trap? May not, then, this small appendage prevent many cases of violent intussusception or even of less degree?

I trust that, with time and opportunity, we may be able to gather some statistics on these important relations. Let us now consider the indications for operative interference. We should remove the appendix (*a*) when, in the course of another operation, we find it liable to inflammation; (*b*) when appendicitis has existed a sufficient length of time and general peritonitis may supervene; (*c*) when the appendicitis is due to surrounding suppuration or to traumatism; (*d*) when there has been a recurrence, three or four times, of severe inflammation of the appendix. The last I consider the most important indication for surgical interference.

I shall now endeavor to describe the treatment which has been of such signal service in the limited number of cases that have come under my observation. It has been simply magnesium sulphate, externally hot turpentine stupes, and acetanilid in $\frac{1}{2}$ -grain doses repeated for its antipyretic effect. I have found this the least depressant of the coal-tar products.

In my hands magnesium sulphate, commonly known as Epsom salts, has proven a most active hydragogue cathartic, bringing away large, watery evacuations, with no irritation of the bowels and little griping. Its action is due to the increase of intestinal fluids by exosmosis, not to the peristaltic action of the bowel, thus allaying inflammation. It is best given in 1-drachm doses in one-fourth tumblerful of warm water every two or three hours, according to the action of the bowels.

TWO CASES OF EXTENSIVE DESTRUCTION OF THE INTEGUMENTS WHICH WERE CURED BY TRANSPLANTING LARGE FLAPS.*

By WILLIAM B. HOPKINS, M.D.

JOHNSON J., aged 32 years, was admitted to the Episcopal Hospital, November 9, 1888, with an extensive laceration of the elbow, involving skin, superficial and deep fasciæ. The injury was caused by a centrifugal dryer in a sugar-refinery. A month later, December 7th, an ulcer occupying the entire circumference of the elbow, consequent upon the original loss and subsequent sloughing of integument, remained. It extended from the middle of the forearm to the middle of the arm, or about ninety-six square inches in area. The following operation was then performed: A vertical flap five inches wide and nine inches long, consisting of skin and superficial fascia, the base of which occupied the upper left pectoral region, and the edges of which were nearly parallel, was lifted from the chest and sutured around the elbow, the limb being retained in the Velpeau position. Approximation of the enormous chest-wound, though not complete, was materially facilitated by the emaciation following so severe an injury, and consequent relaxation of the integument of the chest. At the end of four days the flap was severed from its basic attachment to the chest, and the arm was released from its constrained position. There was epidermal sloughing of the flap, after its severance, which caused considerable anxiety, but its deeper layers were soon found to have formed a firm attachment. The patient remained in the hospital two hundred and seventy-nine days. The limb will be seen to have perfectly healed, to be amply covered with a soft, pliable integument permitting complete flexion and extension, pronation and supination; indeed, but that it is not quite so strong as the right arm, to have its functions entirely restored.

Case 2. Anton D., 33 years of age, a fireman, was brought to the Episcopal Hospital, October 25, 1892, with a railroad injury of his left foot. The extremity was so caught beneath the wheel that it had been completely flayed, but as none of the integument was lost

it was brought together by sutures. Sloughing, however, occurred of the entire skin of the foot and ankle. December 4th a flap two inches wide was dissected from the sound limb, from the lower portion of the thigh to the lower third of the leg, a distance of fourteen inches, its base being left attached at the lower part. Carrying the lower portion along the outer side of the foot from before backward, the flap was reflected upon itself around the heel, and its remaining portion carried forward on the inner side of the foot to the toes. It was retained in this position by sutures carried deeply enough through granulation tissue to take a firm hold, and through the reflected lower borders of the flap occupying the sole of the foot. With a Y-shaped splint ingeniously devised by Dr. Ferguson, which kept the injured foot in a state of absolute fixation to the calf of the leg on the sound side, the patient, with remarkable fortitude, kept his limbs in this constrained position for over three weeks (twenty-two days), when the base of the flap was detached, the latter having become firmly adherent to the foot. Advantage was taken of this opportunity to gain a little more integument by dissecting the flap farther down the leg instead of cutting it off level at the root. The patient remained in the hospital six hundred and fifty-seven days, at the end of which period he walked without a cane and with a foot whose function was sufficiently restored to enable him to resume his laborious occupation of fireman on a vessel. The foot will be seen to be a very useful one, its plantar aspect being covered entirely by leg-skin, as shown by the growth of hair upon it.

It will be observed, in both of these cases, that there is a singular freedom from the constriction of a tightly-drawn peripheral cicatrix, œdema, impairment of function, and other evidences of impeded return circulation. This factor alone places this method of closing large circumferential ulcers far in advance of the method by skin-grafting. Though the method of Thiersch and others, of allowing the flaps before severance at one or both extremities to become granulated, would have been applicable to the case operated upon six years ago, it is very doubtful if so long a flap as that transplanted in the other case would retain its vitality throughout its length, even if left attached at both ends.

* Read before The Philadelphia Academy of Surgery.

TREATMENT OF AFFECTIONS OF THE DIGESTIVE TRACT.*

By CHARLES H. STOWELL, M.D.

WASTE AND REPAIR.

MODERN biology teaches that each anatomical unit is an active laboratory. Here constant and most complex changes occur. This cell activity means cell waste. Thus it is that the body is constantly wasting away. This waste must be replaced with new material. The cells must be fed. A single thought in this line enforces the fact that healthful cellular activity depends largely upon the character of the food-supply. The delicate adjustment of the law of supply and demand cannot be disturbed with impunity.

Thus it follows that improper food-supply, including water and air, and improper hygienic surroundings result in such disturbances that a departure from a healthy standard is produced. Hygienic living may prevent a large part of this; yet, no matter how carefully the laws of health may be carried out, we are still unable to fully prevent the introduction into the system of pathogenic germs.

BODY-RESISTANCE TO DISEASE.

It is true that so long as the tissues of the body are in a perfectly healthy condition they are capable of resisting the action of the various germs to a most astonishing degree. But it is also true that even a slight departure from health is sufficient to reduce this resisting power to a degree which allows these germs to grow and produce their deadly effects.

GERMS IN ALIMENTARY CANAL.

Let us apply these considerations to the alimentary canal. We cannot hope to destroy all germ-life in the digestive tube. It has been said that "the digestive tube is the paradise of microbes." We find here physical and chemical conditions admirably adapted for the culture of micro-organisms. Large numbers of such organisms live habitually in the alimentary canal. It is only when these become excessive, or when some specific pathogenic germs are introduced, that disease may result from them. The vast number of germs which are taken into the system with

our food and drink give no trouble so long as the body-resistance is at par. But, as has been said, a slight departure from health is often sufficient to produce a condition and a reduced resistance which allow these minute organisms to seize upon the tissues.

RESULTS OF GERM ACTIVITY.

If the gastric juice become altered, and especially if it do not contain the proper amount of acid, or if there be some derangement in the secretory function of the liver, digestive troubles follow. As a result, we have fermentation, imperfect digestion, incomplete absorption, defective assimilation, and inanition. Other conditions may arise. The reduced resistance of the body favors the activity of specific germ-life, and we have such diseases as typhoid fever, cholera, etc.

TREATMENT.

Intestinal Antiseptics.—From what has been said, it follows that rational therapeutics places intestinal antiseptics among the first of all remedies in the treatment of gastro-intestinal affections and the diseases resulting therefrom.

Pain Must be Relieved.—One important element entering into all these cases has not been considered. Pain, more or less acute, accompanies nearly all disturbances of the digestive tract. The pain itself is often sufficiently severe to check digestion, absorption, and assimilation. The body is in no condition to recuperate when the nervous system is irritated or greatly disturbed with pain. Pain must be relieved. The system must be put at ease if its functions are to be normally carried out. To relieve with opium is only to lock up the secretions, check the functions of the kidneys and liver, and depress the nervous system. Opium arrests peristaltic action, thereby allowing the digestive tube to retain its mass of germ-life with their poisonous products. Thus modern therapeutics teaches that the proper treatment for gastro-intestinal affections, with their resulting ailments, is twofold,—antiseptic and anti-pain.

Salol and Antikamnia.—The "Materia Medica" gives at least one safe intestinal antiseptic. It is salol. Professor Hare, in the last edition of his "Practical Therapeutics," says that salol "renders the intestinal canal antiseptic, and so removes the cause of the disorder, instead of locking the putrid ma-

* Read before the Mississippi Valley Medical Association at Hot Springs, Ark., November, 1894.

terial in the bowel, as does opium." He regards salol "as one of the most valued drugs in the treatment of intestinal affections." The statements of Professor Hare are so well known and have been so often verified that further remarks upon them are unnecessary.

Have we a substitute for opium for the relief of pain? Here come in the modern coal-tar products, at the first of which, for the relief of pain, stands antikamnia. Therefore, we conclude that to remove the cause, to render the intestinal canal antiseptic, we have an invaluable remedy in salol; while to remove accompanying pain, to quiet the nervous system, and to reduce any fever which may be present, we have a remedy equally efficacious in antikamnia,—an ideal combination for the treatment of this class of diseases.

Dyspepsia; Duodenal Catarrh; Catarrhal Jaundice.—A number of special complaints will at once occur to the mind of every practitioner. First, probably, will be fermentative dyspepsia, and ailments accompanied with eructations of gas, flatus, and pain. Duodenal catarrh and catarrhal jaundice next come to mind. Professor Hare says that in these affections "salol is of the greatest value."

The pain and nervous irritability, so often occurring in these ailments a few hours after each meal, are entirely relieved by the antikamnia.

Diarrhœa.—In diarrhœa this combination is precisely indicated. We do not care to lock up the putrid material in the bowel and have the poisonous germ-products absorbed, giving rise to fever and all the symptoms of absorption of poisonous material. Salol renders the intestinal canal antiseptic and destroys the germs; while antikamnia relieves the pain and restores quiet to the nervous system. This condition is also true in dysentery, in cholera, and in cholera infantum.

In the diarrhœa of phthisis we have to deal with an affection which can very generally be brought under control by this combination. The diarrhœa may be due to the tubercle bacilli which have gained entrance into the digestive tube, or to other germs. In either case the salol will destroy this germ life; while the antikamnia will give tranquility to the nervous system, and, by its antifebrile action as a coal-tar product, will do much to bring the temperature down to the normal standard.

Typhoid Fever.—Typhoid fever is another

disease the condition of which points exactly to a combination of these two drugs: one to render the intestine antiseptic, thus destroying, as far as possible, the cause of the disease, or, at least, preventing a further growth of the germs in the tube itself; while the other remedy tends to control the temperature by its action on the nerve-centres.

Wasting Diseases: Chlorosis; Anæmia.—But there is another large class of diseases so closely dependent upon disturbances of the digestive tract that it is impossible to separate the two. They are related to each other as cause to effect. We refer especially to the wasting diseases of children, viz., chlorosis, anæmia, general debility, etc. These are diseases closely related to some disturbance of nutrition. No matter how generous the food-supply or how perfect the sanitary surroundings, if the food is not properly digested, absorbed, and assimilated, we must expect these ailments to follow.

Disturbances of digestion cause a long train of symptoms which are often only evident by loss of appetite, loss of weight, and general failure of all the powers. This class of diseases, so obstinate to treat and so often misunderstood, is equally as often made clear by a careful search for the cause. Not always, but very often, do we find this cause to be due to digestive disturbances. The difficulty is often remedied by rendering the digestive tract antiseptic, by placing the nervous system at rest, together with a generous supply of fresh air and nutritious diet.

In conclusion, therefore, we believe we have in salol and antikamnia a combination which is indicated in the very large class of "intestinal disorders." It is a combination also indicated in even the larger class of ailments which comes as a result of those first mentioned. "Antikamnia-and-Salol Tablets" are now put up in a convenient form, each containing $2\frac{1}{2}$ grains of antikamnia and $2\frac{1}{2}$ grains of salol.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The following officers were elected: President, Dr. William Bailey, Louisville, Ky.; First Vice-President, Dr. G. P. Conn, Concord, N. H.; Second Vice-President, Dr. G. Mendizbal, Orizaba, Mexico.

LARYNGOLOGY AND OTOTOLOGY.

REVIEWED BY

WILBUR W. BULETTE, M.D.,
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A CASE OF PRIMARY MASTOIDITIS.

Locoarret, Toulouse (Annales des Maladies de l'Oreille, No. 1), reports a case which seems to be an example of intra-mastoid congestion, inflammation, and suppuration, *induced by excessive counter-irritation over the mastoid*, to relieve neuralgia in a man 67 years old. The violent revulsive treatment at this point induced a cellulitis, phlebitis of the mastoid vein, and then intra-mastoid inflammation.

BILATERAL HÆMATOMA OF THE LOBULE.

Randall (Archives of Otolgy, October, 1894) reports a case of bilateral hæmatoma of the auricle, resulting from traction on the auricle as a means of resuscitation from an epileptic fit. The sacs were opened, giving exit to a little dark-colored blood, but no pus. The cavities extended to the slightly-bared lower end of the auricular cartilage. The cavities were gently curetted, "vigorously rubbed" with iodine glycerite, packed with iodoform gauze, and covered with a pressure-bandage. Rapid healing resulted.

BOILS IN THE EAR.

De Rossi, Rome (Annales des Maladies de l'Oreille, No. 5), recommends, as a microbicide, naphthalate of soda, 4 or 5 to 1000.

ANTRAL ODONTOMA OBSTRUCTING THE NASAL PASSAGE.

De Roaldes (New York Medical Journal, No. 833, 1894) reports the case of a boy, aged 9, with compound follicular odontoma invading the right maxillary sinus, and obstructing the corresponding nasal fossa. The author calls attention to the fact that these growths are usually upon the right side of the body. The growth was extracted by direct access after removal of the whole anterior surface of the maxilla from the nostril to the tuberosity, and from the infra-orbital plate to the alveolar border. The main mass of the

tumor was on the floor of the antrum corresponding to the canine fossa; its surface was covered with fifty or more tufts of hard, adherent tissue, resembling the lining of an alveolus. Recovery was satisfactory.

TONSIL DISEASE AND RHEUMATISM.

Wagner (New York Medical Journal, No. 830, 1894), in studying the etiology of rheumatic affections due to disease of the tonsils, has found that the joints generally affected are those most used by the patients: the crico-arytenoid joints in singers, the knee-joints of shoe-dealers, the wrist-joints of violinists, book-keepers, etc. The author contends that the rheumatism is not due to ptomaines, but to migration of the germs present in follicular tonsillitis.

He has found the same micro-organisms in the synovial fluid of the knee joint in two instances, and in the urine of nearly all his cases, as existed in their diseased tonsils, while the family and clinical histories of the patients were free from taint of rheumatism before the attack of tonsillar disease.

THE TREATMENT OF TINNITUS IN AURAL SCLEROSIS.

Seiss (Annals of Ophthalmology and Otolgy, vol. iii, No. 1) recommends, as the most advantageous methods of controlling this trouble, "proper treatment of the naso pharynx first, methods directed to the Eustachian tubes next, and immediate local treatment of the tympanum last, in order of efficiency."

He has found the best form of tubal medication in tinnitus of catarrhal origin to consist of injections of pure fluid albolene, containing $\frac{1}{2}$ grain of camphor and 2 grains of menthol to the fluidounce of the oil into the tube by means of the Eustachian catheter. Menthol vaporization is also recommended for allaying tinnitus dependent upon tubal congestion and inflammation.

EXUDATIVE PHARYNGITIS.

Glasgow (New York Medical Journal, No. 830, 1894) reports a case of exudative pharyngitis in a child of 10 months, and which he regarded as one of the protean manifestations of influenza. After an unusual exposure to cold the attack began with a febrile otalgia of two days' duration, followed by febrile coryza,

with copious discharge of acrid mucus, excoriative to all cutaneous tissues with which it came in contact. Then an exudation became developed on the tonsils, uvula, soft palate, and pharynx; but none was visible in the anterior nares. There was aphonia and urgent dyspnoea; so that the larynx was also probably involved.

Under constitutional treatment with sodium benzoate, salol, and brandy, and the topical use of hydrogen dioxide with boroglyceride, convalescence was markedly rapid and complete, being only slightly interrupted by a suppurative otitis.

THE TREATMENT OF DIPHTHERIA.

White (Medical Record, November 3, 1894) gives the result of his experience in the Willard Parker Hospital with the three different modes of local treatment. In the first series the nasal and throat cavities were thoroughly irrigated every one to three hours with warm salt solution until the pseudomembrane had disappeared, then less frequently till the entire disappearance of the bacilli.

In the second series, in addition to the above treatment, a spray of peroxide of hydrogen of varying strengths was also applied to the throat and nares every three hours, except at night.

In the third series a solution of bichloride of mercury was substituted for the salt water solution of the first series. The nasal cavities were irrigated every eight hours with a warmed 1 to 4000 solution, and the throat every three hours with a 1 to 3000 solution. Besides this local treatment, nearly all the cases received by the mouth frequent doses of the tincture of the chloride of iron, and of alcoholic stimulants.

The conclusions arrived at from the results obtained in these cases, together with the investigation and observation of a much larger number of cases, may be stated as follows:—

1. Frequent washing of the air-passages attacked by diphtheria lessens the duration and amount of the diphtheritic membrane.

2. The addition of antiseptics, in sufficient strength to be germicidal, to the irrigating fluid is irritating to the mucous membrane, thereby causing extension and persistence of false membrane rather than the effect desired.

3. The addition of antiseptics to the irri-

gating fluid is also liable to cause systemic poisoning.

4. Spraying the throat (also the pernicious treatment of swabbing the throat), whatever solution is used, can have no good effect, as the parts reached by the spray, except in the hands of an expert, must necessarily be very limited. In very young children the spray cannot be used at all with advantage.

Frequent cleansing of the throat and nasal cavities with a bland solution, such as plain warm water or normal salt solution, is easier of application, more agreeable to the patient, and does all that any antiseptic solution can accomplish, either upon the duration of the membrane or the period of the isolation.

REMARKS ON THE NATURE, DIAGNOSIS, PROGNOSIS, AND TREATMENT OF AURAL VERTIGO.

Mackenzie (British Medical Journal, May 5, 1894) introduces these remarks with reference to a pronounced case of aural vertigo in a man aged 50, beginning with vertigo, vomiting, and deafness. He deals with the subject under the following heads: (1) seat of lesion; (2) its nature; (3) the mechanism by which the chief phenomena are brought about,—(a) tinnitus, (b) deafness, (c) vertigo, (d) locomotor inco-ordination, (e) vital symptoms (faintness, perspirations, nausea, vomiting), (f) movements of the eyes; (4) the diagnosis; (5) the prognosis, and (6) the treatment of aural vertigo.

In answer to the first point, the author inclines to the opinion that the seat of the lesion is to be found in the semicircular canals, and that this (the lesion) is of an irritative character, producing its effects so long as there is no absolute atrophy of the auditory nerve. It is pointed out that Buzzard and Dalby suggest a bulbar origin for some of these cases of aural vertigo. As to the nature of the lesion, it is observed that in few cases, indeed, has coarse disease been demonstrated in the semicircular canals. There are causes, direct and indirect, which may irritate the nerve-terminations of the former,—*e.g.*, hæmorrhage; syphilis of the latter,—*e.g.*, otitis media.

The theory of Spear, that there is a condition in the labyrinth resembling glaucoma, as well as Knapp's suggestion that Ménière's disease is an idiopathic, serous, exudative otitis interna, are referred to. Seeing that aural

vertigo occurs in the latter part of life, degenerative changes in the local blood-vessels are probable, and Gowers's statement that it is associated with gout (in the labyrinthine membrane) is supported.

In the case referred to, the author imagines that the lesion consists of inflammatory changes in the labyrinth, associated with middle-ear disease.

In discussing the mechanism by which the chief phenomena are brought about, tinnitus is attributable to pressure-disturbances in the cochlea; possibly minute changes (degeneration) occur in the cochlear nerve.

Deafness, almost always present at some period in aural vertigo, is again due to some change in the cochlea. The vertigo defined by Hughlings Jackson as the consciousness of disturbed equilibration—a rudimentary inco-ordination of locomotive movements, associated, as it is in this form, with deafness and tinnitus—is no doubt due to disease in the semicircular canals.

The lesion may be functional or organic, and may be in the trunk or in the nucleus of the nerve; but the proved existence of disease in the middle ear renders it highly probable that it is a peripheral and not a central lesion in these cases.

The locomotor inco-ordination may in some cases be due to the abeyance of function in the cerebellum, or in other cases to alteration of this organ. The vital symptoms (nausea, vomiting, faintness) are due to shock, and attributable, perhaps, to overflow of the irritation in the acoustic nucleus to the closely-adjacent vagus nucleus in the medulla.

The true diagnosis of the disease is difficult, —*i.e.*, the different conditions that may cause the disease. When tinnitus, vertigo, nausea, and vomiting occur together, suspicion as to an aural origin ought to be entertained.

In the majority of these cases a certain degree of deafness is appreciable. The treatment consists in the recumbent position during an attack, and bromide of potassium in fair doses. Lithium may be given in gouty cases. Counter-irritation and attention to the ear affection. The interparoxysmal treatment consists in the administration of quinine. Pilocarpine is used by Field. Mercury is useful to keep down arterial tension, and is beneficial when given during the premonitory symptoms of an attack.

ABSTRACTS.

ANTITOXIN.

Dr. J. J. Kinyoun, Passed Assistant Surgeon United States Marine-Hospital Service, Washington, D. C., has spent several months in Europe investigating the production of antitoxin and its use in the treatment of diphtheria. He has visited a number of hospitals where the antitoxin has been employed, as well as the Pasteur Institute in Paris, the Institute for Infectious Diseases (Koch's) in Berlin, and the Schering Laboratories in Berlin. In his letter to the Supervising Surgeon-General dated Berlin, November 6, 1894, he makes the following statement:—

“Through the courtesy of Dr. Ditmar, the Director of the Schering Chemical Factory, I was also accorded the privilege of visiting their place to observe the methods employed by Dr. Aronson in obtaining the antitoxin, some of which I had seen used in the hospital wards.

“At one of their factories, near Berlin, the firm has a well-equipped bacteriological laboratory for producing the toxins and preparing the serum. Near by they have well-arranged stables and paddocks for the animals. At this time they have 70 horses, 30 sheep, and a number of goats in various stages of treatment.

“The work as carried out by Dr. Aronson and his assistants compares favorably with any which I have seen in Berlin. He has all the necessary appliances in his laboratory, possessing the requisite knowledge and training in this special branch. Being provided with the facilities for good work, I see no reason why he cannot produce as good serum as any others here. In some of the technique I am inclined to believe it is better than that practiced by those in the Koch Institute,—*i.e.*, in the preparation of the serum. Aronson adds a small quantity of trikresol to the serum,—0.4 to 0.6 per cent. This causes a slight flocculent precipitate, which is filtered off, and then the serum is passed through an unglazed porcelain filter, when it is transferred into small, sterilized bottles and sent out for use.

“Aronson has not attempted to make more than one strength of the antitoxin. That which I saw used in the hospital had the same

effects as Behring's No. 2 (1 to 1000). Aronson claims to produce a stronger serum than Behring."

FORMALIN AS A PRESERVING AND HARDENING FLUID FOR HISTOLOGICAL PURPOSES.

Dr. G. Bergonzoli has found from his observation that solutions of formalin are deodorant and disinfectant; that pieces of tissue immersed in it are rapidly fixed and hardened, and only shrink to an almost imperceptible degree. The color is perfectly preserved, only the coloring matter of the blood being dissolved. For nervous tissue it is excellent. Formalin has the advantage over alcohol that it is not inflammable, and is much cheaper.—*The Cincinnati Lancet-Clinic*.

PIPERAZIN IN VESICAL CATARRH AND THE URIC-ACID DIATHESIS.

In a brief clinical note in the *Therapeutische Monatshefte*, September, 1894, Dr. Fedor Schmey, of Wiesbaden, calls attention to the value of piperazin in the treatment of vesical catarrh. As internal treatment with remedies such as salol had always proved ineffective in his practice, he suggests the use of piperazin, on the following grounds:—

"The remedy is perfectly innocuous, and passes unchanged through the system by way of the urine. It is, therefore, possible to charge the urine highly with piperazin, which, according to Bohland, possesses marked anti-septic properties. These statements are confirmed by the experience of Biesenthal, who has reported two cases in which an existing vesical catarrh disappeared during the use of the remedy. A contribution to the therapeutics of piperazin in the uric diathesis has recently been made by Dr. J. F. Barbour (*American Therapist*, No. 12, 1894). He reports three cases of this condition, and states that in the acute attacks the remedy seemed to give the speediest results. Fifteen grains, dissolved in one ounce of water, should be employed daily, and this is to be further diluted by the addition of a small quantity of this solution to each tumblerful of drinking-water. The free use of water, both externally and internally, is recommended. The author believes that this method eliminates the excess of uric acid and aborts the further diathesis, the treatment of which is entirely hygienic and

dietetic. These favorable results reported by Dr. Barbour have been confirmed by a large number of other observers, and piperazin is now considered a valuable acquisition to the *materia medica* of the uric acid diathesis. Piperazin-Bayer, prepared by the *Farbenfabriken* of Elberfeld, can be obtained in $\frac{1}{2}$ - and 1-ounce vials, or in tablets of 16 grains each, which afford a convenient method of administration, as each tablet is equal to about the average daily dose of the remedy.

THE REAL VALUE OF THE MEDICINAL PEROXIDE-OF-HYDROGEN PREPARATIONS FOUND IN THE MARKET.

H. Endemann, Ph.D., chemist, formerly with the Health Department of New York City, gives, in the *Times* and *Register*, the results of his examination of fourteen fresh samples of peroxide-of-hydrogen preparations. He writes: "Hydrozone is far superior to any other brand which has ever been made, not only on account of its containing a much larger amount of available oxygen, but also owing to the presence of a small quantity of several essential oils, the respective nature of which could not be determined, very likely because they have been submitted to the oxidizing action of peroxide of hydrogen before being used to make hydrozone.

"I attribute to this small quantity of essential oils the great superiority of hydrozone over any other brands of H_2O_2 as a healing agent.

"When hydrozone is diluted with distilled water, in the proportion of half and half, the resulting mixture contains about 13.5 volumes of available oxygen.

"My opinion is that a standard solution of medicinal H_2O_2 must answer the following tests:—

"1. It should contain at least 15 volumes of available oxygen.

"2. The quantity of free acids contained in 100 cubic centimetres should require not less than 1 cubic centimetre and not more than 3 cubic centimetres of normal volumetric soda solution to be made neutral. Such a small quantity of free acid is not objectionable.

"3. It should not contain any soluble baryta salts.

"4. It must be free from sediment.

"These brands have been tested for the volume of available oxygen, the amount of residue, the degree of acidity, and the amount of soluble baryta salts contained therein, as per following table:—

BRANDS.	Volume of available oxygen determined by means of a solution containing 6.665 grammes of permanganate of potash per litre of distilled water.	Residue obtained from 100 c. c. of peroxide of hydrogen dried at 120° C.	Acidity expressed in cubic centimetres of normal volumetric soda solution for 100 c. c. of peroxide.	Baryta found in soluble baryta salts contained in 100 c. c. of peroxide.
No. 1. John Bene's Peroxide of Hydrogen Medicinal.	10.50	0.1888	2.19	None.
No. 2. Hydrozone.	27.35	0.2180	3.11	None.
No. 3. Larkin & Scheffer's Peroxide of Hydrogen Medicinal.	9.65	0.1206	6.75	None.
No. 4. Mallinckrodt's Peroxide of Hydrogen Medicinal.	9.55	0.1408	1.43	None.
No. 5. Marchand's Peroxide of Hydrogen Medicinal.	16.55	0.564	1.29	None.
No. 6. McKesson & Robbins' Peroxide of Hydrogen Medicinal.	10.95	0.0540	0.44	None.
No. 7. Merck & Co.'s Peroxide of Hydrogen Medicinal.	0.50	0.2418	4.57	None.
No. 8. Oakland Chemical Co.'s Peroxide of Hydrogen Medicinal.	10.50	0.0382	0.34	0.0017
No. 9. Feuchot's Peroxide of Hydrogen Medicinal.	10.60	0.4674	1.77	0.0018
No. 10. Powers & Weightman's Peroxide of Hydrogen Medicinal.	8.40	0.0830	2.03	None.
No. 11. Pyrozone, 3 per cent.	11.20	0.0534	0.76	None.
No. 12. Rosengarten & Sons' Peroxide of Hydrogen Medicinal.	3.10	0.1002	0.25	None.
No. 13. Smith, Kline, & French Co.'s Peroxide of Hydrogen Medicinal.	6.15	0.0890	2.6	None.
No. 14. E. R. Squibb's Peroxide of Hydrogen Medicinal.	12.40	1.004	12.04	None.

"The brand No. 2, which is sold without any mention of volume, is really a 27.35-volume solution, viz., 90 per cent. above the standard."

THE USE OF PEPTOMANGAN FOR ANÆMIA IN PULMONARY TUBERCULOSIS.

Dr. Karl von Ruck, of Asheville, N. C., in a paper published in the New York Medical Journal, says: "It is quite rational to seek to aid the regeneration of the blood, the more so as in all advanced cases it takes place very slowly if at all; and in addition to proper

dietetic and hygienic management one looks naturally to ferruginous remedies for its accomplishment. This has been my endeavor under every method of treatment, but the available preparations have not only failed me in the majority of instances, but they have frequently interfered with the improvement in other respects by disturbing the digestion and assimilation of food. Twelve months ago I rather reluctantly undertook the administration of peptomangan.

"In its clinical use I found, in the first place, that the remedy was palatable and readily taken by the patients, and from its first use to the present time I have had only two cases in which I was obliged to abandon it. These were cases with tubercular ulceration of the epiglottis, and they complained of more smarting pain and distress than from the swallowing of ordinary liquids and foods, even when the remedy was largely diluted; in all other cases it was well borne by the stomach; in quite a number the appetite improved very early; neither is there evidence of its producing constipation in any case.

"In the six weeks previous to the use of the peptomangan there were ten patients in whom the loss or gain in their blood condition could be compared; seven of these patients gained in all 1,408,000, or an average of 200,000 each; whereas these same patients gained under peptomangan 3,609,000 corpuscles, or an average of 510,000 each.

"As to hæmoglobin, a similar increase is perceptible. In six weeks preceding, of the seven patients, six also gained in hæmoglobin in all 56 per cent., or an average of 9 per cent.; but under peptomangan these same six patients gained in all 81 per cent., and on an average 13½ per cent.

"Further, whereas of the ten patients only seven gained in corpuscles and six in hæmoglobin in the six weeks preceding, under the peptomangan nine gained in corpuscles and hæmoglobin, and no loss occurred except in one, and she lost only a third as much as in the six weeks before."

THE PREPARATIONS OF BISMUTH.

From a paper read by Dr. Reynold W. Wilcox before the Clinical Society of New York, we extract the following:—

"Bismuth is by no means a new remedy. Although its external use for cosmetic purposes

is many centuries old, it was Pott who first employed it internally in 1739. Odier in 1786 recommended this drug, curiously enough, for almost the same conditions as one would indicate to-day,—gastralgia, gastritis, and diarrhoea,—although he found it also useful in menstrual difficulties. Of quite as much importance as the establishment of the value of bismuth when given internally is the discovery that it will form definite chemical combinations with salicylic acid, phenol, beta-naphthol, and pyrogallol. Bismuth salicylate (dose, 5 to 20 grains) has deservedly become popular as an intestinal antiseptic, the decomposition taking place in the small intestine, the salicylic acid being excreted in the urine as salicyluric acid. The phenol and beta-naphthol bismuths (dose, 15 to 30 grains) are mostly decomposed in the stomach into phenol or naphthol and bismuth. Whatever may pass into the small intestine, in the upper portion, may still be decomposed, so long as its contents are acid. The phenol is absorbed from the intestine and appears in the urine as sulphocarbolic acid, making its presence known by the change in color to pale or darker olive-green. Tribromophenol bismuth (daily dose, 75 to 105 grains) is a further example of this peculiar combination. The tribromophenol of itself possesses great antiseptic properties and is said to be non-toxic. Its rather sweetish taste and astringency are also advantages. Pyrogallol bismuth resembles the salicylate in that decomposition takes place only in alkaline media. Since it has been shown that beta-naphthol will destroy certain micro-organisms *in situ*, and it is a clinical fact that phenol, tribromophenol, and presumably pyrogallol possess antiseptic properties, so far as the digestive tract is concerned, the importance of these combinations is seen to be very great. The combinations are valuable not only because they possess the soothing effect of the bismuth, but as well because the disadvantages of the single drugs are overcome.

“Of intestinal diseases the diarrhoeas, whether colliquative, typhoidal, or choleraic, are benefited. If there is simple intestinal indigestion the ferments, with the addition of alkalies, are needed. If there is fermentation the beta-naphthol or tribromophenol bismuth is indicated. In a patient suffering from membranous enteritis (exfoliative), who had been unsuccessfully treated for several years by various methods, relief followed the use of beta-

naphthol bismuth, and after four months' treatment the condition was apparently relieved. Six months have now elapsed since any symptoms have been noticed. In the chronic intestinal catarrhs, which are continued through the presence of micro-organisms, the same drug is strongly indicated. During the past nine months, in all cases where bismuth has been indicated, I have made use of the phenol, beta-naphthol, and tribromophenol bismuths as made by von Heyden, to the exclusion of the older official preparations. As the result of the observation of at least one hundred cases, I believe that better results have been obtained, and in a shorter period of time, than could have been expected with the inorganic compounds. In typhoid fever there are probably no remedies so generally useful, as intestinal antiseptics, as the bismuth salicylate and beta-naphthol bismuth, providing they are used in the earlier stages of the disease; and in an estimation of the value of the salicylate I am quite in accord with Huchard. They certainly lessen the diarrhoea, render the discharges less foul-smelling, and, by more rapidly healing ulcerations, reduce temperature and pulse-rate, prevent systemic infection, and thus not only shorten the disease, but obviate many of its complications and indirectly lessen its mortality. In Asiatic cholera Hueppe has made trial of tribromophenol bismuth in twenty cases of moderate and of great severity, of which five died, all of the mild cases completely recovering, and from these observations he is of the opinion that the use of this remedy should be encouraged. In one case in which the drug had been given and death resulted from apoplexy, on autopsy cultures were made from the contents of the ileum with negative results. Certainly we have direct evidence that it acts directly upon the cholera bacillus. Conclusions: 1. In many diseases of the digestive tract bismuth is useful and necessary. 2. Of the preparations of bismuth, the organic compounds are preferable. 3. The treatment of infectious diseases by intestinal antiseptics, in which the early manifestations are in the alimentary canal, is a real advance in therapeutical practice.”

CHLORALO-ARABINOSE AND CHLORALO-XYLOSE.

M. Richet, at a meeting of the Biological Society, recalled the fact that he, with Hanriot, had shown that a combination of glucose

and chloral produced chloralose,—a substance which is at once hypnotic and stimulant. Other sugars, as arabinose and xylose, when combined with chloral, yield other forms of chloralose, two for each type,—one being soluble and the second insoluble. A union of arabinose and chloralose, or chloralo-arabinose, possesses only half the toxic power of chloralose.

The latter substance is fatal to rabbits in the dose of 30 centigrammes per kilogramme, whereas, of the former, 60 centigrammes per kilogramme are required to produce the same effect. Even in lethal doses chloralo-arabinose does not occasion the convulsions so often observed in cases of intoxication by chloralose.

On the contrary, chloralo-xylose gives rise to tetanic spasms, and has no hypnotic action. We learn, therefore, that a combination of chloral with various sugars produces different forms of chloralose, the hypnotic and stimulant effects of which may be separated and varied within wide limits.—*La Médecine Moderne*.

AFFECTIONS OF THE EAR CONSECUTIVE TO MUMPS.

Dr. Tsakyrogious, of Smyrna, writes that in the beginning of last year that city was visited by a severe epidemic of mumps. Affections of the ear are very rare in parotiditis. A simple vertigo is, however, often observed in cases accompanied by moderate fever. Ordinarily upon the fifth day, when the swelling has usually subsided, a redness of the face and vertigo may supervene and continue for not more than two or three days.

A remarkable instance of the kind was the following: On the 5th of January the author visited a lad 17 years of age. Six days previously he had been attacked by a bilateral parotiditis, of which he was cured without going to bed. On the previous night a slight orchitis appeared, and in the morning he was unable to rise on account of vertigo. His face was intensely painful and each attempt to rise brought on a profuse perspiration, together with a sensation of anguish and prostration. He could scarcely hold himself erect; he tottered in walking and had a sensation of falling to the right. Hearing was normal. Quinine brought about a complete recovery in two days.

A second case had graver consequences. Mrs. X., 31 years of age, was seized, on the 28th of February, by bilateral parotiditis. Ten days later she noticed that she was very hard of hearing; she suffered from vertigo and reeled in her gait. The membrana tympani was normal upon each side, and the Eustachian tubes were free. Hearing was lost upon the left side and was very feeble upon the right. The giddiness vanished entirely at the end of four days' treatment by quinine. Iodide of potassium was subsequently given, but the deafness persisted.

Two other cases concerned young children. A boy 5 years of age, upon the seventh day after mumps, was attacked by a right-sided suppurative otitis media, and was very hard of hearing upon the left side. The child made a rapid recovery under antiseptic treatment and air-douches.

A 5-year-old girl, some days after recovery from mumps, became so deaf that her parents brought her to the writer for treatment, but the child refused to be examined and did not return.—*Revue de Laryngologie*, etc.

CONTRIBUTION TO THE STUDY OF SYPHILIS OF THE EAR.

At a meeting of the French Society of Dermatology and Syphilology, M. Hermet spoke of the case of a patient, 20 years of age, who suddenly lost his hearing during the course of a recent syphilis (two years). The apparatus for the transmission of sound was normal. The cause of the deafness, therefore, may reside in the nervous centres, the auditory nerve, or the internal ear. The speaker discussed the points relating to the diagnosis of the sight of lesion, but concluded that, in the present state of otology, it was impossible to determine with certainty the locality or the nature of the anatomo-pathological lesion as an occasional cause of deafness. He called the attention of the society to these explosive cases of deafness occurring in syphilis. These, though comparatively common in old cases,—in the pre-ataxic stage of tabes, for example, and in hereditary disease,—are extremely rare in recent syphilis. The prognosis is very grave as regards restoration of hearing.

M. A. Fournier remarked that, although loss of hearing may take place in hysteria, other manifestations would be present and suggest the

source of trouble. We can scarcely admit that hysteria would declare itself solely in a loss of hearing. On the contrary, as these explosive cases are observed in syphilis, he does not hesitate, in certain cases, to regard them as characteristic of that malady. We may admit, in fact, the existence of malignant auricular syphilis just as we recognize a precocious cerebral syphilis.—*La Médecine Moderne*.

ETIOLOGY OF PERNICIOUS ANÆMIA.

At the French Congress of Internal Medicine, M. Clément, of Lyons, stated that in chlorosis he had always found hypertrophy of the spleen, which only disappeared when the disease was cured. On account of this fact it might be argued that chlorosis was of infectious origin. Furthermore, the fever observed in chlorotic patients, the phlegmasia alba dolens, the boarding-school epidemics, the mild pericarditis with murmurs or friction-sounds, also accord with the theory of infection. The symptoms may be explained upon such an hypothesis, which, however, demands confirmation.

M. Lemoine, of Lille, observed that he had examined the blood of chlorotic patients for micro-organisms. In ten or twelve cases he had found either the streptococcus albus or the staphylococcus albus, the former being the more abundant, and, in rarer instances, the bacillus coli.—*Le Progrès Médical*.

SALOPHEN IN THE DISEASES OF CHILDREN.

M. R. Drews has written concerning the results obtained by him in children with salophen as an antirheumatic, antipyretic, and antineuralgic remedy.

The salicylates have, in young patients, the inconvenience of being taken with difficulty and of provoking numerous troublesome secondary symptoms, as buzzing in the ears, restlessness, vertigo, deafness, delirium, collapse, profuse sweats, sudamina, nausea, vomiting, gastric difficulties, etc. The advantages, therefore, of a drug which possesses the therapeutic value without the drawbacks of the salicylates can readily be understood. Such a drug is salophen. In fifteen cases of acute articular rheumatism in children from 7 to 14 years of age, salophen, given in the dose of from 5 to 8 grains every two hours, or in as large

amount as 75 grains in the twenty-four hours, caused pain to disappear and swelling to subside in three or four days, and, at the same time, the temperature to decline to the normal. The medicament occasioned no disturbance of the heart or digestive organs. The only unpleasant secondary phenomenon witnessed was copious perspiration, coming on half an hour after administration in the case of twelve children. The general condition, however, did not suffer. Relapse occurred in two cases, but yielded in three or four days to the action of the drug.

Salophen, in the daily dose of 75 grains, also proved efficacious in five cases of acute muscular rheumatism. A cure was obtained in three or four days. The same favorable result was witnessed in a case of rheumatic purpura (cured in nine days) and in one of rheumatic chorea (cured in twelve days). In the latter case the systolic heart-murmur vanished with the cessation of all the other morbid symptoms.

As regards an antipyretic action, salophen was studied in a large number of febrile affections, as typhoid fever, scarlatina, croupous pneumonia, tuberculosis, and follicular angina. In nearly all cases its administration was followed, after half an hour, by a reduction of 1.5° to 2° C., and lasting for three or four hours. In follicular angina, in addition to the fall of temperature, the headache and restlessness were relieved, and the children fell into a tranquil slumber.—*La Médecine Moderne*.

THE USE OF FORMALIN IN DERMATOLOGY.

At a recent meeting of the Parisian Society for Dermatology and Syphilography, M. Poterlin reported upon the treatment of skin parasites with formic aldehyde. He considered that formalin belongs to the safest and most reliable antiseptics, for its vapors diffuse readily even through masses of fatty matter. This property makes it specially suitable for the treatment of deeply-implanted diseased hair, and also for the disinfection of the hair-follicles filled with sebaceous matter. The application of a layer of absorbent cotton dipped in a 2-per cent. formalin solution, and covered over with an oil-skin bandage, is well tolerated. In case of irritation of the skin, the bandage may be removed for a day.

THERAPEUTIC NOTES.

CHRONIC ECZEMA.

The following formula is given in *Le Progrès Médical*. It may also be employed in ichthyosis:—

℞ Papain, ... ʒij.
 Acid. salicylic., ... ʒj.
 Glycerin., ...
 Ol. ricini, ... ℥ ʒss.
 M. ft. pomat.
 Sig.: Apply with friction.

CHRONIC ECZEMA OF THE FACE.

A prescription emanating from Hebra is:—

℞ Acidi salicylici, ... 5.
 Ichthyol., ... 10.
 Glycerini, ... 10.
 Sp. menth. pip., ... 20.
 Sp. lavand., ... 20.
 Sp. vini rect., ... 60.

M. Sig.: Apply with a brush several times a day.—*Pacific Medical Journal*.

EXTERNAL APPLICATION OF GUAIACOL.

Dr. Sigalea reports that the absorption of pleural effusions is promoted by painting upon the surface the following preparation:—

℞ Guaiacol., ... gr. xlv.
 Glycerin., ...
 Tr. iodi, ... ℥ ʒv.—M.

The application is made once daily for several days. Dr. Sigalea adds that he has successfully made use of the same application to the lumbar region in cases of scarlatinal nephritis with anasarca and anuria.—*Le Progrès Médical*.

DYSMENORRHEA.

For dysmenorrhoea of young girls rest in bed during the entire period is the best treatment. If the pain persist, the following mixture may be used:—

℞ Bromide of potassium,
 Antipyrin, ... ℥ ʒiiss.
 Fl. extr. viburnum prunifol., ʒv.
 Water, ... ʒiv.
 Cognac,
 Syr. bitter orange-peel, ℥ ʒj.

M. Sig.: Two to four tablespoonfuls daily.—*Le Progrès Médical*.

TIC DOULOUREUX.

℞ Ammonii chloridi, . . . gr. xx.
 Butyl chloral hydratis, . gr. v.
 Glycerini, ... ℥ x.
 Aquæ chloroformi, q. s. ad ʒss.

Misce et fiat haustus.

Sig.: To be taken every two hours till three doses have been taken.—*Food*.

A GOOD EVAPORATING LOTION.

℞ Ammonii chloridi, . . . ʒj.
 Sp. rectificati, ... ʒij.
 Sp. ætheris, ... ʒj.
 Acid. acetic., ... ʒiss.
 Aq. destill., . . q. s. ad ʒxij.

Solve et M.

Sig.: To be applied on lint in severe sprains, etc.—*College and Clinical Record*.

FORMULÆ FOR THE ANTISEPTIC TREATMENT OF BOILS AND CARBUNCLES.

℞ Chloroform, ... ʒj.
 Essence of cloves, . . . ℥ lxxv-ʒv.
 Creasote, ... ℥ xv-xxx.
 Camphorated oil, . . . ʒij.

Mix. For external use only.

℞ Salicylate of mercury, . gr. ii-v.
 Salicylic acid, ... gr. xv-xxx.
 Rectified spirits, . . . ʒss-j.
 Distilled water, . . . ad ʒiv.

Mix. For external use only.

The affected part is covered with compresses saturated with either of the above antiseptic mixtures. At the same time, one or the other of the following solutions is injected into the boil or carbuncle:—

℞ Carbolic acid, ... gr. i-iiij.
 Salicylate of sodium,
 Borax, ... ℥ gr. xv.
 Glycerin, ... ℥ xxx.
 Chloroform-water, . . . ʒij.

F. S. A.

℞ Iodoform, ... gr. v-viiij.
 Salol, ... gr. viii-xv.
 Carbolic acid, ... gr. iss.
 Ether, ... ʒss-j.
 Rectified spirits, . . . ʒiss-ij.

F. S. A.

This treatment is said to give excellent results and to do away with the necessity for a more radical surgical intervention even in cases of carbuncle.—DR. E. GOURINE, *Medical Week*.

BURNS.

Professor Anastasius Haas orders:—

℞ Aristol,		5.0-10.
Ol. oliv.,		20.
Sol. adde		
Vaselin,		
Lanolin,		ss 40.

M. ft. ungt.

D. S: Ointment for burns.—*Times and Register*.

CHRONIC RHEUMATISM.

Dr. A. C. Ragsdale, of Metropole, Ill., has usually found the following combination useful:—

℞ Acidi salicylici,		3ij.
Sodii bicarb.,		3ij.
Vini colchici,		f 3ij.
Glycerini,		f 3ij.
Aquæ pur.,	. q. s. ad	f 3viiij.

Misce. After effervescence bottle and direct one teaspoonful every four hours.—*St. Louis Clinique*.

INFANTILE DIARRHŒA.

Dr. J. F. Griffin, of Shreveport, La., says: "I have met with complete success by the following formula, using it after I have given small doses of some mercurial:—

℞ Dermatol,		3j.
Sodium bicarb.,		gr. v.
Prepared chalk,		3ss.
Creasote (beech-wood),		gtt. v.
Syrup cinnamon,		3ss.
Distilled water, sufficient to		
make		3iv.

"M. Sig: Shake well and give one teaspoonful after each movement."—*St. Louis Clinique*.

CHRONIC SCROFULOUS OTORRHŒA.

Dr. Isaia has obtained good results in the chronic otorrhœa of scrofulous subjects with either of the following formulæ:—

℞ Balsam Peru,		
Alcohol,		ss 3iiss.
Muriate cocaine,		gr. viiss-xv.
℞ Balsam Peru,		3i¼.
Glycerin,		3iiss.
Muriate cocaine,		gr. viiss-xv.
℞ Balsam Peru,		
Balsam Tolu,		ss gr. xxx.
Alcohol,		3i¼-iiss.
Muriate cocaine,		gr. xv-xxx.

Having previously cleansed the ear either with a solution of resorcin, boric acid, or simple salt and water, the walls of the canal

are anesthetized by a few drops of a solution of cocaine, after which a little of one of these solutions is instilled into the ear or it may be applied on a pledget of cotton. In nearly every case this treatment will give good results, but it is only indicated when the skin of the external ear and auditory canal are intact, for if it be excoriated the irritating qualities of the balsam might lead to painful inflammatory complications.—*Medical and Surgical Reporter*.

CHRONIC HYPERTROPHIC RHINITIS.

Dr. Monnier states that the perchloride of iron is a good remedy with which to touch the interior of the nose, and is especially available in general practice. He makes use of three solutions, as follow:—

1. ℞ Perchloride of iron, 30°, . gr. xv.
Distilled water, ... 3j.—M.
2. ℞ Perchloride of iron, 30°, . gr. xv.
Distilled water, ... 3ss.—M.
3. ℞ Perchloride of iron, 30°, . gr. xv.
Distilled water, ... ʒxv.—M.

In children solution No. 1 is usually strong enough. In older patients the stronger solutions may be employed.—*Revue de Laryngologie*.

CHRONIC ULCER.

℞ Acid. chromic.,		gr. xxx.
Acid. tannic.,		gr. xx.
Morph. sulph.,		gr. v.
Chloral hydrat.,		3vj.
Aquæ,		Oj.

M. Sig.: Apply frequently during the day with a camel-hair pencil; in the interim keep the ulcer covered lightly with a cloth or bandage.—*Prescription*.

ULCER OF THE STOMACH.

When hæmatemesis is present:—

℞ Sodii bicarb.,		gr. viij.
Krameria pulv.,		gr. iss.
Opil pulv.,		gr. ½.

M. Sig.: Take in cachet every two hours.—*La Tribune Méd.*

CATARRHAL GASTRITIS.

A purgative every morning, as:—

℞ Sodii phosphat.,		3j.
Syr. limonis,		3iiss.
Aquæ,		3vj.—M.

Milk diet; acidulated and effervescent drinks.

During convalescence :—

℞ Tr. gentian.,
Tr. calumbæ,
Tr. badiane,
Tr. nux vom., . . . 3i℥.

M. Sig.: Ten drops before each meal.—*Le Progrès Méd.*

[Badiane is a name given to illicium anisatum, star-anise, the properties of which are similar to those of anisum, or anise.—ED.]

GASTRALGIA.

℞ Bromide of strontium, . . . 3v.
Syrup of valerian, . . . 3iss.
Syrup of orange-peel, . . . 3iij.
Water, . . . 3iij.

M. Sig.: Tablespoonful three times a day.—*La Tribune Méd.*

INFANTILE INDIGESTION.

After the babe has nursed, give a teaspoonful of a mixture thus composed :—

R Pepsin, . . . gr. xv.
Lactic acid, . . . 3ss.
Syrup of lemon, . . . 3j.
Distilled water, . . . 3iij.—M.

—*La Tribune Méd.*

CHRONIC CONSTIPATION IN CHILDREN.

Dr. Starr, where the ordinary remedies usually fail, has found the following suppositories of service :—

℞ Ext. belladonna, . . . gr. ss.
Aloes, . . . gr. ix.
Cacao-butter, . . . 3iss.

One or two a day, introduced in the rectum.—*Med. and Surg. Rep.*

GONORRHOEA.

Dr. J. W. Price, of Marlinton, W. Va., gives the Medical Summary the following prescription :—

℞ Pulv. gum guaiac, . . . gr. vj.
Pulv. gum opium, . . . gr. iv.
Zinc sulph., . . . gr. vj.
Aqua, . . . 3vij.

M. Sig.: Use as an injection.

Dr. R. J. Blackham, for the relief of painful micturition, praises the following :—

℞ Sodii salicylate, . . . 3ij.
Tr. belladonna, . . . 3ij.
Tr. aurantii, . . . 3j.
Aq. dest., . . . ad 3vj.

M. Sig.: One tablespoonful every third hour.

BROMOFORM IN MENTAL DISEASES.

Dr. Ponticaccia recommends bromoform very highly in acute maniacal states. He begins the remedy with 15 drops a day, which are divided into hourly doses, and increases it every day by 5 drops, until from 20 to 50 drops are given per day. Employed in this manner it causes no disagreeable after effects, and in general does not influence the health beyond a slight diarrhoea, which is easily controlled by opium. Its sedative action is always prompt and decisive; so that it need not be administered for more than fourteen consecutive days.—*Wiener medizinische Presse.*

HYPERIDROSIS.

Dr. Tenison Deane, of San Francisco, recommends, in the Pacific Medical Journal :—

℞ Alumol, . . . 3j.
Aristol, . . . 3j.
Amylum, . . . 3ss.

M. Sig.: Dust between the toes and in the socks.

FOR VOMITING OF PREGNANCY.

Dr. Goodell sometimes made use of :—

℞ Cerii oxalat., . . . gr. j.
Ipecacuanhæ, . . . gr. j.
Creasoti, . . . gtt. ij.

M. Sig.: To be taken every hour until nausea is controlled.—*Pacific Medical Journal.*

INTESTINAL ANTISEPSIS.

Prof. H. Huchard recommends the following powder :—

℞ Benzo-naphthol, . . . 3vj.
Powdered charcoal, . . . 3iv.
Pancreatin, . . . 3i℥.

M. Sig.: Sufficient for 50 powders: 4 to 6 a day.—*Medical and Surgical Reporter.*

MULLEIN-OIL IN EARACHE.

The instillation of a few drops of mullein-oil is recommended for an ordinary earache.—*Medical Fortnightly.*

PURPURA.

℞ Sodii sulphatis, . . . 3ij.
Ferri sulphatis, . . . gr. iij.
Acidi sulphurici dil., . . . ℥xv.
Tinct. hyoscyami, . . . ℥xl.
Infusi calumbæ, . . . 3j.

M. Sig.: To be taken in the morning.—*Prescription.*

ALOPECIA AFTER ACUTE DISEASES.

Professor Kaposi, in the treatment of falling out of the hair during convalescence of acute diseases, cachectic states, and women after confinement, highly recommends the following formula:—

℞ Alcohol, ... 3viss.
Veratrine, ... gr. viiss.
Tinct. benzoin., . . . gtt. xv.
Salicylic acid, ... gr. viss.

M. Sig.: Apply locally.

Dr. Brocq advises the following in same condition:—

℞ Tinct. lemon-peel, . . 3iv℥.
Hydrochloric acid, . . .

M. Sig.: Apply locally.—*Medical and Surgical Reporter*.

PIXOL IN CUTANEOUS AND VENEREAL AFFECTIONS.

According to Dr. Doukalsky, of Keltzy, painting with a 10- to 13-per-cent. watery solution of pixol, repeated two or three times daily, is very serviceable in acute dermatitis produced by irritating ointments, mercurial frictions, and other medicinal applications. Itching is rapidly relieved. The inflammation subsides within a few days. These paintings are likewise beneficial in the treatment of soft chancres, psoriasis, and the wounds left in opening buboes.—*La Médecine Moderne*.

A LOCAL APPLICATION FOR WARTS.

The following is recommended by one of our French exchanges:—

℞ Concentrated acetic acid, . 10 parts.
Precipitated sulphur, . . 20 parts.
Glycerin, ... 50 parts.

These are to be thoroughly mixed, and the warts painted with it daily until they become detached.—*Philadelphia Polyclinic*.

NEURALGIA.

For stubborn neuralgia try the following:—

℞ Antipyrin, ... 3iiss.
Caffeine, ... 3ss.
Ext. cannabis Ind., . . .
Ext. aconite, ... 55 gr. iiss.
Hyoscyami hydrobromat., . gr. ¼.

M. ft. capsulæ no. xxx.

Sig.: One every two or three hours.—*Medical Times and Hospital Gazette*.

THE NIGHT-SWEATS OF PHTHISIS.

Night-sweats, when they are a mere flux from the vessels or lymphatics, and not a relief of pyrexial processes, ought to be checked, and this can generally be done by arseniate of iron, ¼ gr. to ½ gr. at bed-time, or picROTOXIN, ⅛ gr. to ⅜ gr., or nitrate of pilocarpine, ⅛ gr., or the old-fashioned oxide of zinc in from 3-grain to 5-grain doses, which generally succeed and do no harm. Preparations of belladonna and atropine, though they are effectual controllers of night-sweats, are less satisfactory, because their continuance for a long period often induces dryness of throat and mouth, dilatation of the pupils, and disturbance of sight-accommodation.—Dr. THEODORE WILLIAMS, in *Medical Times and Hospital Gazette*.

PHTHISIS.

℞ Guaiacolis, ... 3j.
Ext. pinus Canadensis, . ʒij.
Olei eucalypti, ... 3j.
Syrupi papaveri, . . . ʒj.
Emulsionis petrolati (An-
gier), . . . q. s. ad ʒvj.

Misce et fiat emulsio secundum artem.

Sig.: One-half ounce one hour after each meal.—Extract from editorial in *Pacific Medical Journal*.

CHRONIC BRONCHITIS AND BRONCHORRHEA.

℞ Terpinolis, ... 3ss.
Olei eucalypti, ... 3j.
Syrupi codeinæ,
Syrupi Tolutani, . . . 55 3j.
Emulsionis petrolati (An-
gier), . . . q. s. ad ʒvj.

Misce et fiat emulsio secundum artem.

Sig.: One-half ounce one hour after each meal.—*Ibid*.

ASTHMA AND SPASMODIC COUGH.

℞ Elixir chloroformi comp.
(McNutt), ... 3ss.
Extracti pinus Canadensis, gr. xij.
Extracti cannabis Indicæ, . gr. vj.
Emulsionis petrolati (An-
gier), . . . q. s. ad ʒvj.

Misce et fiat emulsio secundum artem.

Sig.: One-half ounce every one to three hours during an attack, and after meals subsequently for a month or two.—*Ibid*.

PERCHLORIDE OF IRON IN SOFT CHANCER.

Struck by the brilliant results obtained by Winkel in the treatment of puerperal ulcers by perchloride of iron, Dr. Retzel has applied it

in cases of soft chancre. Mopping with perchloride of iron daily for four days produces a surface in which healthy granulations alone appear. The pain produced is rarely severe enough to render a preliminary application of cocaine necessary.—*Indian Medical Record*.

CHRONIC LARYNGITIS.

℞ Ol. pini sylvest., . . . gtt. xv.
Ol. cassiæ, ... gtt. iij.
Magnes. carb. levis, . . . gr. xx.
Aquæ, ... ℥j.

M. et fiat vapor.

Sig.: A teaspoonful to a pint of water at 140° F. for each inhalation.—*Times and Register*.

HAY FEVER.

Dr. Hall, in the Buffalo Medical and Surgical Journal, recommends:—

℞ Liq. pot. arsenitis,
Ext. nucis vomicæ fl.,
Ext. cinchona fl. (detan-
nated), ... āā 3vj.
Alcoholis, ... ℥iij.
Syr. aurantii, . . q. s. ad 3xvj.

M. Sig.: One to two teaspoonfuls, taken three times daily, with or after meals.

CYSTITIS OF PREGNANCY.

Professor Tarnier makes use of:—

℞ Camphor, ... 0.10 grm.
Opium, ... 0.01 grm.

M. To make 1 pill.

Sig.: Give 5 or 6 daily. If cystitis is purulent, use boric-acid injections, 2 to 100.—*St. Louis Clinique*.

NERVOUS DYSPEPSIA.

Dr. Griffith has often succeeded with such a formula as the following:—

℞ Potassium cyanide, . . . gr. j.
Extract of valerian, . . . gr. xxxvj.

Mix and divide into 12 equal parts. Dispense in capsules.

Dose: One capsule thrice daily after food.—*Philadelphia Polyclinic*.

NOCTURNAL ENURESIS.

℞ Liquoris atropinæ sulphatis, 3iss.
Liquoris strychninæ hydro-
chloratis, ... mxxlv.
Syrupi aurantii, . . . ad ℥j.

No drink to be taken after 6 P.M.; 5 drops

of syrup at 9 P.M. Increase by 5 drops every three nights until 50 drops of the solution be taken nightly, or more if necessary. The secret of success, in obstinate cases treated by the author, was courageous overdosing.—*Medical Times and Hospital Gazette*.

DIPHTHERIA.

As a local application Professor Loeffler recommends:—

℞ Menthol, ... grm. x.

Solve in

Tolu ol., ... c. c. xxxvj.
Alcohol. absolut., . . . c. c. l.
Liq. ferri sesquichlorati, . c. c. iv.

M. Sig.: Ad lagenam flavum.—*St. Louis Clinique*.

INSOMNIA.

Dr. Peyton Turner, of Monterey, Mexico, writes to the Medical Summary:—

℞ Chloral hydratis,
Kalii bromidi, ... āā gr. xv.
Ext. hyoscyami, ... gr. ⅓.
Infusi humuli, ... ℥ss.

M. Sig.: One dose. Repeat in one-half hour if sleep is not produced.

The infusion of hops should be used double its officinal strength. It disguises completely the smell and taste of the chloral, and prolongs the soporific effects of the other ingredients. No precipitate takes place. It has an aromatic odor, and, upon the whole, it is the most elegant solution of the above remedies.

BORAL AND CUTOL, TWO DISINFECTING ASTRINGENTS.

Boral is described as being aluminium borotartrate, and cutol as aluminium boro tannate. The former is soluble in water, the latter not. Both preparations are said to be therapeutically applicable as disinfecting astringents, particularly in dermatology. Cutol, it is reported, has proved serviceable in cases of facial erysipelas. It may be rendered soluble in water by the addition of tartaric acid, and in this soluble form it has been successfully employed in acute gonorrhœa, it is stated. Cutol contains 76 per cent. tannin, 13.23 per cent. alumina, and 10.71 per cent. boric acid. *American Medico-Surgical Bulletin*.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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Philadelphia, Feb., 1898.

THE PREVENTION OF TUBERCULOSIS.

FEW subjects can be of greater interest to the medical profession or of more importance to the community than the earnest study of means to prevent the spread of consumption. In every great centre of human life and activity this fatal disease is constantly claiming its hundreds and thousands of victims. A purely clinical experience had, indeed, broadly indicated many of the modes by which consumption is propagated. The demonstration, however, of the bacillary origin of the disease came as a fresh stimulant to our efforts to cope with its manifestations. Diligent experimentation in the laboratory, coupled with the labors of clinical investigators, has thrown much light upon many points relative to the genesis and spread of pulmonary consumption. Some acute observers had, long prior to the promulgation of Koch's discovery, been convinced that phthisis is, at least under certain circumstances and to a certain degree, communicable from one to another individual. With increased knowledge of the exciting cause of the malady we are doubtless at present far better prepared to utilize former observations and to form some conception of the direction which prophylactic measures should take. Accordingly, in every great state or municipality the attention of health authorities has been steadily directed to various proposals looking toward the suppression of tuberculosis. From every point of view the subject is one of the most important of the times. It interests alike from a scientific, humanitarian, and politico-sociological stand-point. Numerous are the discussions and publications which of late years have illustrated anew every phase and manifestation of tuberculosis. A

powerful current of thought sets strongly in the direction of prophylaxis. "An ounce of prevention is better than a pound of cure," says a homely old saw, the truth of which we all acknowledge. The truth becomes all the more impressive when, as in the present case, we unfortunately possess no specific therapeutic method by which cure may be certainly effected. Thoughtful physicians will, therefore, continue to welcome papers which aim at the diffusion of sound information in regard to this great topic.

A lucid exposition of the modern attitude toward consumption we have recently met with in a series of clinical lectures delivered by Dr. William Murrell at the Westminster Hospital, London.* In these addresses the lecturer, whose wide experience and habits of scientific investigation are well known, passes in review the various aspects of the general subject upon which our knowledge has been modified or amplified by the researches of late years. Dwelling slightly as a preliminary upon comparative mortuary statistics and the disqualification of the consumptive for the battle of life, the speaker cites a few decided instances regarding the communicability of consumption among persons who live in intimate association. The statistics of the Brompton Hospital, which had been thought to bear adversely upon this question, are shown to be fallacious. Illustrations are next given of the experimental evidence upon which a belief in the contagion of consumption is based. Exceptional sources of contagion are then alluded to, such as the use of uncleansed wind-instruments upon which tuberculous sputum has dried. Attention is called to an occasional source of infection on ship-board, especially upon sailing-vessels, where married people, one of whom is consumptive, share the same small and ill-ventilated cabin. With other observers, also, Dr. Murrell recognizes the dangers which lurk in sleeping-cars and public omnibuses, especially when the latter vehicles pass some large hospital and carry, at certain times, a number of consumptive out-patients. The source of contagion, in all such cases, is dried and pulverulent sputum disseminated in the air.

* The Medical Press and Circular, Nos. 20, 21, 22, and 23, 1894.

That tuberculosis can be transmitted by inoculation the experiments of laboratory works have amply proved. Accidental infection of human beings takes place in the same manner, from time to time, and reference to a number of well-attested cases of the kind may be found in the pages of the *MEDICAL BULLETIN*. A more immediately practical interest, however, concerns the transmission of this disease from animals to men. Tuberculous meat and milk derived from infected cows have no doubt been responsible for many deaths. "A suggestive case is recorded by De Lumalleree. A soldier returned home consumptive, after undergoing confinement in a Prussian military prison. Previous to his return no one in the village had for many years suffered from consumption. He expectorated freely, and it was observed that the fowls swallowed the expectorated matter. These fowls were given to a woman in the village who was in perfect health, and in the course of four months she consumed sixteen of them. She had no direct communication with the patient, but after a time became consumptive. One of the fowls was killed and examined, and tubercle was found in the liver and other organs." It is exceedingly important that cattle should be properly housed, and that their sheds should not be overcrowded. Attention to these matters and the early isolation of suspected animals would go far toward stamping out tuberculosis. All milk used in the household should be boiled, especially where there is a family tendency to tuberculosis. Meat should be thoroughly cooked.

It has been shown, also, that soil and drainage are very closely concerned with the production of tuberculosis. The more pervious and dry the soil, the less does the disease prevail. "The beneficial effect of drainage is strikingly shown in the case of Salisbury and Ely, the reduction in phthisis mortality being, in the former place, 49 per cent., and in the latter 47 per cent." Overcrowded dwellings and workshops are other factors which are largely responsible for the spread of phthisis. It is obvious that the continued inhalation of air which has passed through the lungs of consumptives must have a very deleterious

effect. In the words of Dr. Henry Bennett, "free extreme ventilation is the most important means of preventing and also of healing pulmonary consumption." As regards the ventilation of workshops and a proper relation between the size of workrooms and the number of people pursuing their avocations in them, much improvement may be effected by enlightened legislation. The proper construction and ventilation of schools, barracks, prisons, and other buildings in which large numbers are lodged will also be of much influence in restraining the extension of phthisis. The influence of light, and especially of direct sunlight, is decidedly beneficial in preserving the standard of health and resisting the inroads of disease. It has been demonstrated that light is antagonistic to the growth of micro-organisms. It is, indeed, unfortunate that many dwellers and workers in populous cities are, to a large extent, deprived of the benefit of heaven's sunshine. Such persons grow up pallid and weakly, and fall ready victims to attacks of pulmonary tuberculosis. Many occupations, as is well known, give rise to a form of pulmonary disease which causes progressive emaciation and has a fatal termination, although it may not be of tubercular character. Monotony and confinement are energetic factors in the production of tuberculosis, even where ventilation is free, where food is in abundance, and where work is not excessively laborious. Finally, the strongly-hereditary tendency of the affection has constantly to be kept in mind.

The foregoing review of the predisposing or secondary causes of pulmonary consumption enables us to perceive that many of them are, at least measurably, within our control. If the medical profession, as a unit, abetted by legislative bodies and health authorities, were to join in a crusade against preventable causes of the disease, countless valuable lives would be saved and, directly or indirectly, the resources of the community would be correspondingly increased. As a mere matter of political economy, to say nothing of higher reasons, we believe that public money spent in the work of sanitary reform will return to the public treasury through other channels. Much

may be done by personal habits. Much will require the sanction of legal enactment. As is so clearly pointed out in the series of lectures upon which we have commented, a combination of personal effort and legislative action is required in order to limit the devastations of so wide-spread a malady. Compulsory enactments relative to compulsory disinfection of rooms and houses in which consumptives have lived and died would have a very beneficial effect. Similar laws could be passed in regard to the sanitation of sleeping cars and ship-berths, as well as the regulation of dusty occupations. Agitation and instruction by the medical profession is capable of accomplishing great good in checking the extension of such a common and destructive disease as pulmonary consumption.

THE USE AND ABUSE OF COMPRESSED TABLETS.

THE imperative duty of the practical physician is, after having used his best endeavors to form a correct diagnosis, to adopt such measures, medical and other, as shall tend to restore health, or, if that be not possible, to prolong life and relieve suffering. Successful therapeutics necessarily depends closely upon accurate diagnosis. After the most appropriate remedy, or combination of remedies, has been carefully selected, questions as to its mode of administration arise. In deciding these points we must be governed by the age and character of the patient and the nature of the disease. Children have a natural aversion to unpalatable medicines, and this aversion is shared by many of larger growth. The tolerance of the stomach, also, is a condition of treatment which should never be overlooked. In order to administer drugs in as palatable a form as is consonant with efficient action, many different forms of preparation have been devised. The crude decoctions and infusions have, in this country, been very largely abandoned on account of the bulk of the dose required and the generally unpleasant taste of the liquid, although, in certain instances, the quantity of the fluid is of appreciable influence in determining the effects. Tinctures and fluid extracts furnish

us with more concentrated doses, and objectionable tastes can be more readily disguised. The isolation of the active principles of so many drugs and their preparation in soluble form have been of exceeding benefit to therapeutics. These active principles are potent in small doses, their solutions are usually well tolerated by the stomach, and, if not, we administer them inclosed in small capsules, by subcutaneous injection, or in some cases by the rectum. Insoluble substances, if they possess antiseptic power, are of advantage for their local effect, as they disinfect the alimentary canal and remove or diminish the sources of auto infection. In order to escape the drawbacks due to an unpalatable medicine, it has long been the custom to incorporate it in a pill or inclose it in an easily-soluble capsule. More recently the compressed tablet has been invented.

Each of the different forms in which a drug may be administered has its own advantages or defects. As a general rule, fluid preparations are, by virtue of their more rapid absorption, more rapid in their action than when given in the solid form. Powdered mineral salts dissolve so readily that they may be ranked, in this respect, with the fluids. Compressed tablets share with pills and capsules the advantage of being readily carried about by that large class of patients whose ailments do not confine them to the house, and whose occupations render the use of fluid preparations decidedly inconvenient, if not impossible. There are two great objections, however, to the use of tablets,—their comparative insolubility and their possible or probable loss of power in the case of many drugs, from the manner in which they are made. It is believed that the processes employed in their manufacture may effect a chemical change in the composition of active principles. In acute diseases, where we seek a rapid action from potent drugs, compressed tablets are decidedly inferior to the fluid preparations. Aconite, digitalis, opium, belladonna, and similar efficient substances are far better given in fluid preparations or in that of their active principles. It is often well to give the tincture of aconite in relatively small doses, repeated at short in-

tervals, until an appreciable effect has been obtained.

Enthusiastic advocates of the use of compressed tablets seem disposed to trust to them too exclusively on account of convenience in dispensing them and their portability, which makes them acceptable to the physician and to many patients. We believe, however, that the best results are to be had from a skillful adaptation of different forms of medicines in different conditions and according to the exigencies of each case.

THE USE OF THE BEARD IN PREVENTING ATTACKS OF FACIAL PARALYSIS.

IT has long been recognized that the beard is of value in protecting the throat and respiratory passages from catarrhal affections as a result of cold. This appendage is also of service in intercepting particles of dust, coal, or metal which fill the air of places or apartments where certain occupations are pursued. A French writer, Dr. L. Chabbert, has recently brought forward some evidence to show the use of the beard in preventing facial paralysis dependent upon exposure to cold.* The superficial situation of the facial nerve renders it peculiarly exposed to the influence of lowered temperature, which has always been recognized as a cause of this form of local paralysis. It has been remarked by a number of physicians that Bell's palsy was more frequently observed in women than in men, though the latter are more exposed to vicissitudes of weather. Women, it is true, are more predisposed than men to nervous affections, but this fact alone seems insufficient to explain the disproportion which exists between the sexes to attacks of facial paralysis, provided that the difference is as great as claimed. The point is worth investigation. The attention of Dr. Chabbert was called to the subject by a case of facial paralysis accompanied by areas of anæsthesia, the loss of sensibility being limited to those parts of the face unprotected by a beard. Pursuing his researches he found that in the practice of Pro-

fessors André, of Toulouse, and Pitres, of Bordeaux, cases of this affection had generally occurred in females. Professor André had seen six consecutive cases in females. Professor Pitres had notes of twelve cases occurring in females and only two in males. It may be added that, of five cases lately coming under the observation of the writer of these lines, three of the patients were women and two were beardless men. Dr. Chabbert, in his communication, appends brief notes concerning four cases under the care of different physicians, the patients being men who had never worn beards.

It seems rational to believe that hair upon the side of the face has a decided influence in protecting against paralysis as a result of cold. The conclusion is legitimate if it can be shown, by a sufficiently large number of examples, that facial paralysis from cold is principally manifested in women, and that, among male patients, it principally occurs in those who habitually shave the side of the face. It would be interesting, in this connection, if we could learn whether this form of disease was more common in the men of the eighteenth century, when shaving was universal, than in their descendants of this *fin du siècle*, when many are "bearded like the pard." Dr. Martin Benhart writes a short note to the journal in which Dr. Chabbert's paper appears, recalling the fact that he, in a contribution to the pathology of peripheral and spinal paralyses, published in 1879 in Virchow's Archives, had used the following language: "Let me allude, in passing, to a minor point relating to facial paralysis. In reviewing the large number of cases which I have cited in the current year of the journal, I observe that all my patients were women, young girls, or children; or, if there were any men among them, they were unprovided with whiskers. It may be an exception that I have since met with a case in a bearded man, but it is probable that that individual was insufficiently protected by his hairy appendage."

DR. J. M. RATLIFF, of Cincinnati, Ohio, has been appointed Superintendent of the Dayton Asylum for the Insane.

* Le Progrès Médical, November 17, 1894.

COLLEGE GOSSIP.

UNIVERSITY NOTES.—*Diphtheria Serum: Suggestions by Dr. Guitéras.*—At the regular meeting of the John Guitéras Medical Society, held on December 18, 1894, after the regular literary exercises of the evening had been completed, during which one of the members read a paper on "Vaccination," Dr. Guitéras gave a very interesting and instructive talk on the manner of preparing the diphtheria serum for the treatment of diphtheria. He divided the preparation into three stages, viz.: 1. Preparation of the toxin. 2. The immunization of the animal. 3. Manner of obtaining the toxin from the animal. Lastly, use.

The toxin should be sufficiently virulent to kill a guinea-pig of 500 grammes within twenty-four to thirty-six hours. After obtaining the toxin growth it should be used for inoculation into a healthy animal, preferably a horse; this should be subcutaneous, and take place slowly, not more than $\frac{1}{2}$ cubic centimetre being injected the first time; subsequent inoculations being made every five, six, or seven days, and then only when the animal has entirely recovered from the former one. The increase in quantity for each should be made gradually, until the amount injected reaches 250 cubic centimetres. These applications should be kept up for from eighty-eight to ninety-four days. By this time the animal is entirely immuned from any diphtheria bacillus that may reach it. The serum may now be obtained from the animal by bleeding it from the jugular vein (antiseptic precautions being observed). The blood is allowed to run through a glass tube into a sterilized flask, only taking a quantity that can be conveniently lost by the animal. The flask is now to be set aside, without agitation, into an ice-box, where it is allowed to remain until a considerable quantity of clear serum collects on the top. This may be removed by pipettes, and is the sought-for antitoxin.

The quantity inoculated into children is 15 cubic centimetres. Violent cases should have the injection repeated twice in the twenty-four hours. For some time the Pathological Laboratory of the University of Pennsylvania has been engaged in experimenting in this direction.

Tracheotomy, by Dr. John B. Deaver.—Before giving the regular lecture on the applied anatomy of the neck, Dr. John B. Deaver gave a very interesting and instructive talk on the call for doing, and the manner of performing, tracheotomy, laryngotomy, and intubation. He described the various positions in which to place the patient for the operation, and the reason for using them. While speaking on "Intubation"

he made use of a wet preparation of the tongue and trachea to better illustrate the important part that the epiglottis plays in this operation. In the course of his remarks he said that "in all operations upon the neck the farther they are kept away from the lungs the less the danger of traumatic pneumonia."

Dr. Musser's Reception.—On January 2d, Dr. John H. Musser gave a reception, at his residence, 1927 Chestnut Street, to those of the second-year class who remained in the city during the holidays. The students met at the house at 9 P.M., where a very pleasant, social evening was enjoyed. After refreshments were served, those of the gentlemen who smoked were afforded that privilege, and furnished with the necessary articles in another part of the house.

New Prizes.—At the June Commencement, 1895, an additional prize will be awarded, namely, an axis traction forceps, offered by the Barton Cook Hirst Obstetrical Society, to the member of the graduating class passing the best examination in operative obstetrics. The society has also been offering, yearly, a Hirst Pelvimeter to the member reading, before the society, the best original paper on any subject.

Dr. Ashhurst.—Dr. John Ashhurst, Jr., has lately been elected Vice-President of the College of Physicians, to succeed Dr. J. M. Da Costa, who was elected President.

Formulae.—Dr. John Ashhurst, Jr., recommends the following for contusions:—

℞ Tinct. opii,
Liq. plumbi subacetatis, ʒʒ fʒss.
Aquæ, ... Oj.

Dr. Hearne, the following for chapped lips:—

℞ Hydrargyri oxidi flav., . . gr. ij.
Balsami Peruviani, . . . gr. x.
Vaselin, ... ʒss.—M.

Dr. Tyson, the following for coughs of phthisis:—

℞ Morphinae, ... gr. iss.
Potass. cyanid., ... gr. iij.
Syr. pruni Virgin., q. s. ad fʒiij.—M.

For night-sweats:—

℞ Atropinae, ... gr. $\frac{1}{100}$
Sig.: Bed-time.

THE newly-elected officers of the St. Louis Medical Society are: President, Dr. Frank D. Mooney; Vice-President, Dr. Frank R. Fry; Secretary, Dr. G. E. Alvord; Corresponding Secretary, Dr. C. M. Nicholson; Treasurer, Dr. J. B. S. Alleyne.

PROF. P. J. KOVALEVSKY, incumbent of the Chair of Mental Diseases in the University of Kharkoff, has been appointed Rector of the University of Warsaw.

MEDICAL NEWS AND MISCELLANY.

THE University of Michigan has conferred the degree of LL.D. on Dr. George M. Sternberg, surgeon-general of the army.

DR. W. JOSEPH HEARN, of the Jefferson College Hospital, has been elected President of the Society of the Sons of Delaware of this city.

DR. J. L. GILBERT, Professor of Histology and Pathology in the Kansas Medical College, has charge of the bacteriological work of the Topeka Health Board.

APPOINTMENT.—Dr. H. C. Emerson, of Springfield, Mass., has been appointed assistant physician in the New Hampshire Hospital for the Insane at Concord.

A NEW medical journal is published at Guadalajara, Mexico. It is named *The Bulletin of Medicine and Surgery*. The first number is well edited and neatly printed.

THE Boylston Prize for 1894 was awarded by the University of Harvard to Dr. Norman Walker, of Edinburgh, for an essay on the "Histological Varieties of Cancer of the Skin."

THE German Medical Society of San Francisco, Cal., has celebrated its twenty-fifth anniversary by enjoying a silver jubilee. A Jubilee Volume is being prepared to commemorate the occasion.

MEDALLION OF THE LATE PROFESSOR KNOX.—A bronze memorial medallion of the late Prof. James Suydam Knox has been presented to Rush Medical College by his widow, Mrs. Elizabeth H. Knox.

A NEW EDITORIAL DEPARTMENT.—The department of railway surgery, established more than a year ago by the *International Journal of Surgery*, has been placed under the management of Dr. Geo. Chaffee.

DOMINION MEDICAL MONTHLY.—Considerable change has been made in the staff of collaborators of this journal, which is published, as heretofore, under the editorial management of Dr. W. Beattie Nesbitt.

MUSICAL.—A very enjoyable entertainment was given upon a recent evening by the students of the Medico-Chirurgical College, in the amphitheatre of the institution. A large audience was present.

DR. ROUX DECORATED.—Dr. Roux has received from President Casimir-Perier the congratulations of the government and the Cross of Commander of the Legion of Honor, in recognition of his work upon the serum treatment of diphtheria.

AT a recent meeting of the Faculty of the Post-Graduate Medical School of New York, Dr. Ramon Guiteras was promoted from the position of Instructor in Operative Surgery to that of Professor in the same branch, as well as in the Department of Practitioners' Anatomy.

DR. F. DE HAVILLAND HALL has been appointed full physician to the Westminster Hospital, to fill the vacancy caused by the untimely death of Dr. Sturges. Dr. Hall in his probationary period has devoted nineteen years' work in the out-patient department, and it may truly be said that he has earned his promotion.—*Medical Press and Circular*.

DR. JOHN H. CALLENDER, for twenty-five years superintendent of the Central Hospital for the Insane, Nashville, Tenn., has resigned to engage in private enterprise, and Dr. J. A. Beauchamp was elected superintendent to succeed him. Dr. Callender has been expert witness in many noted cases, including the Guiteau trial and the Mitchell-Ward case at Memphis.

MEDALS.—We learn, from the *Medical Times and Hospital Gazette*, that the Copley Medal has been awarded to Dr. Edward Frankland, for "his eminent services to theoretical chemistry." Professor Dewar will receive the Davy Medal for "his researches on the properties of matter at extremely low temperatures," and Mr. Victor Horsley is to have a Royal Medal for "his important investigations into the physiology of the thyroid gland and their application to the treatment of myxœdema."

BULLETIN OF PHARMACY.—Beginning with the new year, Professor Oldberg assumes editorial charge of this excellent journal. His associate will be Mr. Joseph Helfman, who will continue, as in the past, to contribute leading articles and translations from the French and German.

Professor Oldberg was born in Northern Sweden, January 22, 1846, and came to this country at the age of 20. The name of Oscar Oldberg as educator, author, and editor, is a household word. A number of his works are standard text-books. As Dean of the Faculty in the School of Pharmacy of the Northwestern University he has accomplished a remarkable success, educationally and materially. In the discussions of the American Pharmaceutical Association, his speeches have made him one of the oracles of that body.

BARON VON MUELLER has just received a distinction which is peculiarly coveted, we believe, by men of science, and is valued by them next to the gold medal of the Royal Society of England. He has been elected a member of the French Institute, in succession to Alphonse de

Candolle, the famous botanist, recently deceased. The institute embraces the five academies within its organization, and is one of the essential elements of intellectual work and progress in France, and to belong to it is a patent of literary, artistic, or scientific nobility. So far as we know the Baron is the first person living south of the equator upon whom the honor has been conferred since the foundation of the institute, on October 25, 1795.—*Ex.*

PHYSICIANS ENTERTAINED.—Dr. E. O. Shakespeare, the eminent pathologist, and Isaac Ott, A.M., M.D., Professor of Physiology at the Medico-Chirurgical Hospital, were tendered a reception by the Philadelphia Medical Club, at the Hotel Bellevue, recently. It was the regular quarterly meeting of the club. Dr. J. H. M. Chestnut, president of the club, introduced the honored guests, both of whom spoke on medical topics.

Dr. Shakespeare took for his subject "Hygiene and Preventive Medicine." He thought the proposed addition of a bacteriological laboratory as an adjunct to the board of health a most commendable move and a step in the right direction. He also praised President Cleveland's action in sending specialists to countries which were infested with epidemics of infectious diseases, that the best manner of preventing their spread might be studied.

Professor Ott spoke on "Physiologists Past and Present, and What May be Expected of Them in the Future." He also referred to the rôle the Philadelphia medical colleges played in the development of physiology. Professors Horatio C. Wood and Edward J. Houston also spoke, Professor Houston saying he thought the specialist should work side by side in the laboratory with the physicists. Before the close of the meeting Dr. Chestnut announced that the annual meeting and election of the club would be held next month.

Among those present were: Dr. J. H. M. Chestnut, president of the club; Profs. L. Webster Fox, Horatio C. Wood, W. W. Keen, Ernest Laplace, John Marshall, John V. Shoemaker, W. Easterly Ashton, P. S. Donnellan, Wilbur H. Pancoast, Edwin J. Houston, W. H. Parrish, Dr. James M. Barton, A. E. Kennelly, E. E. Montgomery, Walter R. Rodger. Drs. S. D. Risley, Green R. Hulshizer, W. L. Snively, Frank Fisher, T. J. Ellinger, Lemuel J. Deal, E. S. Gans, I. P. Strittmatter, W. C. Hoppeter, Henry Fisher, George Goebel, T. Frank Develin, Jas. Van Buskirk, C. S. Eldridge, E. L. Kloop, Guy Hinsdale, E. K. Brown, M. O'Hara (Jr.), J. Francis Hamilton, Richard C. Morris, Charles H. Warder, E. M. Kamerly (Jr.), W. J. Freeman, B. F. Sever, J. W. Rheim, J. T. Milliken, John T. Phillips; E. M. Marbourg, of Pueblo, Col.;

E. T. Dickinson, W. W. Fritz, Walter B. Woods, J. M. Fisher, J. W. Rieber; D. Stillson, Indianapolis, Ind.; T. Hollingsworth Andrews, Benjamin Shimwell; Charles Latta, State Board of Examiners; George Henry Richardson, Harry Beates (Jr.), W. H. Warder, A. H. Hulshizer, Wharton Sinkler, Hobart A. Hare, J. Frederick Herbert, and E. L. Loutenbach.

IN HONOR OF PROFESSOR FLUECKIGER.—In the Bulletin of the Torrey Botanical Club, Dr. H. H. Rusby describes two new genera of plants from Bolivia.

One new genus is placed in the sub-tribe Columnæ, natural order Gesneriaceæ, and has been named Flückiger, in honor of the distinguished Professor F. A. Flückiger, of Berne, one of the authors of the "Pharmacographia." The specific name is dedicated to Professor Karl Fritsch, who elaborated this order for Engeler & Prantl's "Pflanzenfamilien."—*Bulletin of Pharmacy.*

LITERARY INTELLIGENCE.—The Lancet says that an interesting contribution to the history of epidemics is about to be published by the Epidemiological Society of London. It consists of an account of the Great Plague of London in 1665, written by a London apothecary, William Boghurst, who was on the spot through the whole epidemic, and gained a large experience of the disease. This document has long remained in manuscript in the British Museum, and a few quotations have been made from it by various writers, but it has never been printed. Boghurst gives an account of the origin and spread of the disease very different from that given by Nathanael Hodges, whose work is the only other medical authority on the subject, and his account of the symptoms and complications of the disease is also much fuller than that by Hodges. This description offers many points of resemblance to the accounts of the latest epidemic of the true plague, that of Hong-Kong in the present year. The treatise will be published in the transactions of the society, and also separately, edited with an introduction by the late president, Dr. Payne.

HOW "COGNAC" IS MANUFACTURED.—In a thoughtful pamphlet just issued by Dr. Salomon, "Sur l'Alcool et la Dépopulation de la France," I find a recipe for a mixture which, added to any kind of *eau-de-vie*, will import to it the bouquet of cognac. Take a mixture of castor-oil, butter, cocoanut-oil, and other fats, and allow nitric acid to act on it. The product is a mixture of propylic, butylic, amylic, pelorgonic, acetic, caprylic, cœnanthylic, capronic, and valerianic acids. Etherify it by the addition of methyl, ethyl, and amyl alcohols, and a product is yielded from 100 to 150 grammes of which will convert a pipe of 100 hectolitres of *eau-de-*

vis into cognac. One centigramme of this cognacogen injected subcutaneously kills a large dog in ten minutes. One cannot help smiling sadly when one remembers that thousands of individuals pay up to a franc for a small glassful of this poison, declaring, as they sip it, that nothing equals a drop of good, fine champagne, as the stuff is called, for helping a sluggish digestion after a generous dinner. There is surely "death in the pot."—Paris correspondent of London *Lancet*.

"AN OLD FRIEND."—Under this title the New York Pharmaceutical Company issues a pamphlet describing the virtues of the preparation known as Hayden's Viburnum Compound. This preparation has been extensively employed in the treatment of menorrhagia, dysmenorrhœa, threatened abortion, etc., and is doubtless well known to all our readers. The pamphlet contains many testimonials from physicians in various parts of this and other countries. Hayden's Viburnum Compound has now been offered to the profession by the New York Pharmaceutical Company for twenty-seven years.

A COLLECTIVE INVESTIGATION AS TO THE INFLUENCE OF ALBINISM UPON THE EYE.—Dr. George M. Gould, 119 South Seventeenth Street, Philadelphia, Pa., wishes to gain all the information obtainable as to the condition of the eyes of albinos. Any information whatever, even if no more than the name and address of an albino, will be gratefully received. Dr. Gould has prepared a blank form, which may be filled out and forwarded. Forms will be furnished on application and necessary expenses incurred by correspondents, such as for postage, etc., will be paid.

UNFORTUNATE.—"I was at a little mixed gathering the other evening," says Dr. E. B. Sangree, "when an incident occurred that rather brought down the house. The conversation had turned on appendicitis, and in the course of the talk a gentleman remarked that Mr. Johnson had had his vermiform appendix removed. A deafish old lady present pricked up her ears at this, and asked, 'What was that you said?' Raising his voice, the gentleman answered, 'I said that Mr. Johnson had his vermiform appendix removed.' Very sympathetically, and in loud tones, the old lady replied, 'Oh, what a pity; and he wanted children so badly, too!'"

DONATIONS.—Columbia College, New York, is fortunate in rich and generous friends. Four of the Vanderbilt family, headed by Cornelius, have just subscribed \$350,000 for the new buildings for the medical school and Mrs. Sloane \$200,000 for an addition to the maternity hospital. Two other persons, whose names are not published, have also subscribed \$500,000 for two of the new col-

lege buildings. This makes a total of over a million dollars for the first month of the new year. The University of Pennsylvania is also doing very well, but, having no Vanderbilts to call upon, it is at a disadvantage in competition with the New York institution.

THE SCHUYLKILL COUNTY MEDICAL SOCIETY.—The Schuylkill County Medical Society, at the annual meeting of the organization held at Pottsville, Pa., January 8th, elected the following officers for the ensuing year: President, Dr. C. W. Bankes, of Middleport; Vice-President, Dr. A. P. Carr, of St. Clair; Secretary and Treasurer, Dr. George Little, of Tamaqua; Censor, Dr. A. S. Bronson, of Girardville; Delegates to American Medical Association, Drs. Bland, Carr, Bowman, Lenker, Miller, Bronson, and Callen; Delegates to the State Society, Drs. J. M. Gray, Cobb, Smith, Dechert, Bartho, Seiber, Jones, and Taggart.

EXCRETION OF EARTHY SALTS IN MOLLITIES.—Neumann examined the urine and fæces of a woman, aged 37, who was attacked with mollities ossium, which, as usual, made progress during pregnancy, though the child was delivered without instruments. After labor the patient was well fed and well housed; for two weeks she was kept on a milk diet, in order to allow of a free supply of calcium and phosphoric acid. The bone disease, it appears, was in consequence arrested, the bones of the extremities becoming firm again. Neumann discovered that the excretion of calcium by the kidneys in the progressive stage of mollities was much the same as in health. During the second stage, that of osseous regeneration and recovery, less calcium escaped through the kidneys, but rather more in the fæces. A slight relative loss of magnesium occurred during the progressive stage; on the other hand, that salt was eliminated in less than the normal amount during the second stage. The normal relation of calcium to magnesium in the excreta (1 to 3) was altered, the latter earth diminishing in amount. The loss of phosphoric acid during the progressive stage was found to be marked and continuous, and that compound was as evidently retained during recovery.—*British Medical Journal*.

MEDICAL ETIQUETTE AMONG THE ANCIENTS.—In an old Latin poem, the manuscript of which has been found in the National Library at Paris, occur some interesting pages, in which the author, whose name is unknown, explains the proper conduct of a physician. "On approaching the patient you should assume a calm expression and avoid any gesture of greed or vanity; greet those who salute you with an humble voice, and sit down when they do. Then, turning to the sick person, ask him how he

is, and examine his pulse and his urine. To the patient you promise cure, but immediately on leaving the room you say to the relatives that the disease is grave. The result will be that, if you cure him, your merit is greater and you will receive the greater praise and fee; while, if he dies, they will say that you had no hope from the first." This counsel has been well followed by some physicians to the present day. The directions for table manners are equally amusing: "When those who preside over the house ask you to a table, conduct yourself in a seemly manner. Each time that a new dish is brought on, do not fail to ask for the condition of the patient. This will give him great confidence in you, as he sees that in the midst of the variety of the repast you do not forget him. On leaving the table, return to the patient, and tell him that you have dined most excellently, and that everything was served to perfection. The sick person, who was anxious about these points, will rejoice at your words."

CEREBRAL LESIONS AND GONORRHOEA.—In a recent number of the *Revue Névrologique* Professor Pitres has a short paper on this subject. He has been led, he says, to publish the two cases presently to be referred to because of a recent communication given to the Society of Neurology and Psychiatry at Moscow by Professor Tambourer on affections of the nervous system resulting from or associated with gonorrhoea. In this communication M. Tambourer mentioned the case of a young man, aged 25 years, who, in the course of a chronic gleet lasting three years, was suddenly struck down with apoplexy and died on the third day. Unfortunately no necropsy was permitted, but M. Tambourer attributed the attack to septic embolism. Professor Pitres's cases are as follow: The first was that of a man, aged 59 years, who, in the course of an acute attack of gonorrhoea, had painful swelling of some joints the day after admission to hospital, and later in the same day was suddenly attacked with right hemiplegia accompanied with coma. Six weeks later he was seized with Jacksonian convulsions, in which he died. At the necropsy a very extensive softening was found in the region of the Sylvian artery. The parts were diffuent, and no atheroma of the vessels could be discovered. No bacteriological examination was made. The second case was that of a young man aged 23 years. He had an attack of gonorrhoea, from which he made a good recovery. A second one, two years later, had lasted for five months, and was not quite cured when, one morning, he suddenly had an attack of left hemiplegia, which rapidly cleared up so that in a few weeks he was able to use his hand and walk without difficulty; but there still remained facial asymmetry and a certain amount

of awkwardness in carrying out voluntary movements with his left hand. There was no evidence of cardiac lesion or of atheromatous arteries. The coincidence of these attacks with the presence of gonorrhoea is certainly striking, and the well-known fact that myelitis occurs apparently as a result of gonorrhoea suggests that these cerebral lesions may have a close causal connection with that disease and are not merely coincidences.—*Lancet*.

A FORTUNATE MAN.—Not long ago a resident of a small town near New York came to the city to consult an eminent oculist, whose fee for a consultation is never less than \$10. He was rather green in appearance; so the doctor, who is something of a wag, and who was in particularly fine spirits that morning, thought he saw an opportunity to have a little fun at the expense of his rural visitor.

In the course of the examination a prism was placed before the eye of the patient in order to test the muscles.

"Why, Doctor," he exclaimed, "I see two candles!"

"Indeed!" replied the doctor. "You are very fortunate."

"How so?"

"Why, just think what an advantage you have over the rest of us! You see everything double, and beautiful pictures, charming landscapes, and lovely faces are all repeated to you, and you must get just so much more pleasure out of them."

When the examination was concluded and the prescription for the proper glasses written, the man, without a smile, laid a \$5 bill on the table, with the remark, "There, Doctor—there's \$10 for you," and was gone in a moment, leaving the astonished physician to figure up the cost of his little pleasantry.—*Harper's Monthly*.

OBITUARY.—In the death of Dr. Frank L. Sim the medical profession in Memphis has lost a distinguished ornament. He had been in failing health for several months, and his death was probably due to malignant disease of the stomach and liver. Dr. Sim was born in Golconda, Ill., April 29, 1834. His literary education was received at Hanover College, Indiana. He graduated from the medical department of the University of Louisville in 1855, and a year later received an *ad eundem* degree in the Pennsylvania Medical College. He eventually located in Memphis, where he has ever since devoted himself to the practice of his profession. He remained at his post of duty during the dark days of Memphis, in the various epidemics of cholera and yellow fever. In 1882 Dr. Sim became the editor of the *Mississippi Valley Medical Monthly*, but afterward changed to the *Memphis Medical Monthly*, under which name

he has continued its editor and publisher. Dr. Sim at the time of his death was Professor of the Principles and Practice of Medicine in the Memphis Hospital Medical College and was Dean of the Faculty. He was a member of the American Medical Association, British Medical Association, American Public Health Association, ex-President of American Medical Editors' Association, Memphis Medical Society, and at the time of his death was President of the Tennessee State Medical Society, and also a member of the State Board of Health. As a teacher, Dr. Sim was painstaking and popular; as a writer, clear and vigorous; as a man, the soul of honor and integrity; and as a practitioner he stood well with his professional colleagues and enjoyed the confidence of a large *clientele*.

BERKS COUNTY MEDICAL SOCIETY.—The annual banquet of this society occurred recently in Reading, Pa., and one of the local papers describes the occurrence as follows:—

"The tables extended the full length of the L-shaped dining-room, and were prettily decorated with plants and flowers by Brown & Yocum, a huge basket of roses occupying the centre where the two tables joined. There were also banks of flowers and at each guest's plate was a magnificent full-blown rose. Dr. Henry Landis, the newly-elected president, occupied the head of the table; Dr. A. B. Dundor, the retiring president, the opposite end, and Dr. H. S. Reeser the head of the stem. Around the board sat the following members of the society: A. Andrews, C. W. Bachman, J. N. Becker, J. M. Bertolette, M. L. Bertolette, J. L. Bower, Israel Cleaver, A. B. Dundor, A. F. East, S. C. Ermentrout, E. H. Frantz, F. W. Frankhauser, J. Y. Hoffman, R. P. Huyett, James W. Keiser, John Kolmer, S. L. Kurtz, C. M. Kurtz, J. Ellis Kurtz, H. Landis, C. G. Loose, W. F. Muhlenberg, A. S. Randenbush, H. S. Reeser, M. A. Rhoads, Walter A. Rigg, J. K. Seaman, J. B. Sterley, W. M. Weidman, M. L. Wenger, and V. W. Wickert, all of Reading; W. F. Hertzog, of Oley; S. S. Hill and R. D. Wenrich, of Wernersville, and T. Leidy Rhoads, of Boyertown.

"The guests from a distance were: Dr. J. B. Roberts and Dr. S. D. Risley, of the Polyclinic; Dr. J. Wm. White, of the University; Dr. H. A. Hare, of Jefferson Medical College; and Dr. J. V. Shoemaker, of the Medico-Chirurgical College, Philadelphia, guests of the society. Dr. Alexander Craig, of Columbia, guest of Dr. W. Murray Weidmann; and Dr. J. Aug. Ehler, guest of Dr. Henry Landis.

"It was 9 P.M. when Landlord Behm touched the bell and a corps of sprightly young waiters appeared to serve the *ménu*, a description of which was elegantly printed on vellum, sur-

mounted by a skull and cross-bones. It was as follows:—

THE MENU.

"The tinkling of a dinner-bell is a pleasanter sound than the blare of trumpets."—Gray (not the anatomist).
Oysters, Linn Haven Bay. Eau de Vie.
"Paint the lily, or its leaves emboss,
But leave the oyster in its native sauce."
Bisque à la Behm Sherry.
"Face to man a delicate dish truly; prythee give us a glass of wine to wet the way a little."
"Good wine needs no bush."—Shakespeare.
Terrapin, Maryland.
"This dish is too good for any but anglers and very honest men."—Walton.
Boiled Turkey, Sauce Chamberlain.
Roast Sweet Potatoes. Cauliflower.
"Why, here he comes, strutting like a turkey-cock."
Mumm's Extra Dry.
"Claret is good for boys, port for men; but he who aspires to be a hero must drink champagne."—Boswell's Johnson.
Sorbet, Berks County Medical Society. Cigarettes.
"This is a reeling world, my love."
Filet de Bœuf, Mushroom Sauce.
Cream Potatoes. French Peas.
"Dost thou think because thou art virtuous there shall be no more beef and wine?"—Kodnud.
Sweetbread. Lettuce Sandwich
"What does your lordship think of this sweetbread?"—The Devil to Pay.
Tomato Mayonnaise.
Cheese. Crackers.
"A dinner without cheese is like a pretty girl with only one eye."—Savarin.
Medicated Cream.
Fruit. Nuts. Confections.
"Sound stomachs need no tonic."—Whitton.
Coffee. Cigars.
"Am I not a smoker and a brother?"
"Wine and women, mirth and laughter,
Sermons and soda-water the day after."

"The toasts were as follow: 'Our President,' Dr. H. Landis; 'The State Society,' Dr. J. B. Roberts; 'Not what we Eat, but what we Drink,' Dr. A. B. Dundor; 'American Surgery,' Dr. J. Wm. White; 'Medical Reminiscences,' Dr. I. Cleaver; 'Advances in Therapeutics,' Dr. H. A. Hare; 'Medical Cream!' Dr. S. C. Ermentrout; 'Pioneer in Medicine,' Dr. J. V. Shoemaker; 'Our Local Profession,' Dr. M. A. Rhoads; 'Glasses' (?), Dr. S. D. Risley.

L'ENVOI.

"Serenely full, the epicure may say,
'Fate cannot harm me, I have dined to-day.'"
—Sydney Smith.

"The committee of arrangements consisted of Drs. C. W. Bachman, H. S. Reeser, and S. C. Ermentrout."

CAMDEN CITY DISPENSARY ELECTION.—At the annual meeting of the contributors and the Board of Managers of the Camden City Dispensary Association, the following were elected officers: President, Maurice A. Browning; Vice-President, Henry B. Wilson; Secretary, H. Genet Taylor; Treasurer, R. H. Reeve; Managers, S. H. Grey, Maurice Browning, D. M. Chambers, Peter V. Voorhees, R. H. Reeve, H. B. Wilson; H. Genet Taylor, M.D.; A. M. McCray, M.D.; E. L. B. Godfrey, M.D.; W. A.

Davis, M.D.; Dowling Benjamin, M.D.; W. R. Powell, M.D.; John G. Doron, M.D.; and Howard Cooper.

DR. ALFRED L. LOOMIS DEAD.—Dr. Alfred L. Loomis, Professor of Practice of Medicine in the Medical Department of the University of the City of New York and Physician to Bellevue Hospital, died at his residence, No. 17 West Thirty-fourth Street, Wednesday morning, January 23d, of acute lobar pneumonia.

Dr. Loomis was born in Bennington Vt., on June 10, 1831. He was graduated at Union College in 1851, and studied medicine under Dr. Willard Parker, in New York, receiving his doctorate at the College of Physicians and Surgeons in 1853. He then became assistant physician to the hospitals on Ward's and Blackwell's Islands, but after two years established himself in general practice in New York City, giving special attention to the treatment of pulmonary diseases, in which branch of medical science he acquired a medical reputation.

He became visiting physician to Bellevue Hospital in 1860, and in 1874 to the Mount Sinai Hospital, which appointment he held for years, and he was also consulting physician to the Charity Hospital on Blackwell's Island in 1860-75. Dr. Loomis was lecturer on physical diagnosis in the College of Physicians and Surgeons in 1862-65, and then made Adjunct Professor of the Theory and Practice of Medicine in the University of New York. In 1867 he became Professor of Pathology and Practice of Medicine in the same institution, which chair he held at the time of his death.

An unknown friend of the University gave, through Dr. Loomis, in 1866, the sum of \$100,000 to the medical department, to build and equip the Loomis Laboratory, which is one of the finest of its kind in the United States. He was a member of medical societies both in the United States and Europe, and had been President of the New York Pathological Society, New York Academy of Medicine, American Climatological Society, and New York State Medical Society. Besides occasional contributions to current literature, he has published "Lessons in Physical Diagnosis," 1868; "Diseases of the Respiratory Organs, Heart, and Kidneys," 1876; "Lectures on Fevers," 1882; "Diseases of Old Age," 1882; and "A Text-Book of Practical Medicine," 1884.

REVISED REPORT ON DIETARIES AND FOOD-SUPPLIES FOR STATE HOSPITALS.—At the request of the New York State Commission in Lunacy, Professor Austin Flint prepared a report for the guidance of the State Hospitals in the preparation of monthly estimates. After a year's trial, in accordance with suggestions from the hospitals, a revised report was drawn up by the

same authority. The daily individual ration is thus given in the revised report:—

DAILY RATION.

Meat, with bone, including salted meats, fresh and salted fish, and poultry	12	oz.
Flour, to be used in making bread and in cooking (may in part be substituted by cornmeal and macaroni)	12	"
Potatoes	12	"
Milk	16	"
One egg	2	"
Sugar	2	"
Butter	2	"
Cheese	1	"
Rice, hominy, or oatmeal	1½	"
Beans or peas (dried)	1½	"
Coffee (in the berry and roasted)	½	"
Tea (black)	¾	"

Professor Flint's monthly estimates are as follow:—

SUPPLIES FOR ONE HUNDRED PERSONS FOR THIRTY DAYS.

Meat, with bone, including salted meat, fresh and salted fish, and poultry, total	2250 lbs.
Flour (may be in part substituted by cornmeal and macaroni)	2250 "
Potatoes	2250 "
Milk	1500 qts.
Eggs	250 doz.
Sugar	490 lbs.
Butter	430 "
Cheese	215 "
Rice	108 "
Hominy	108 "
Oatmeal	108 "
Coffee	180 "
Tea	96 "

MEDICAL SOCIETIES, HOSPITALS, AND DISPENSARIES IN NEW YORK CITY.—The following items are taken from the New York Medical Journal:—

The German Medical Society of the City of New York recently held a festival in the Arion Hall, Fifty-ninth Street and Fourth Avenue, to celebrate its thirty-fourth anniversary. The entertainment consisted of a dinner, with ladies, followed by a ball.

The Northwestern Medical and Surgical Society of New York celebrated its twenty-fifth anniversary by a reception at the house of Dr. W. Gill Wylie.

The members of the staff of the West-Side German Dispensary have founded a clinical society styled the Society for Medical Progress of the West-Side German Dispensary. The officers are: Dr. Augustin H. Goelet, President; Dr. Lewis Morris and Dr. V. Fuentes, Vice-Presidents; Dr. Aristides Agramonte, Secretary; and Dr. H. C. Hazen, Treasurer.

We learn that the following have been among recent contributions to the funds of the New York Orthopædic Dispensary and Hospital: From Mrs. Richard T. Auchmuty, \$10,000, to endow two free beds in perpetuity, in memory of her husband; from Mr. James H. Jones, \$5000, to endow a free bed in perpetuity; from "a friend" \$4000 to build a modern operating-

room; and from two of the trustees \$500 to furnish and equip the same.

A NEW TRUSTEE.—At a meeting of the Board of Trustees of the Medico-Chirurgical College, Robert J. C. Walker, 1336 Walnut Street, was elected a trustee of the college.

Mr. Walker was born in Kentucky in 1838 and graduated from Harvard in 1858. He then went to New Orleans to study law. Coming later to Philadelphia he married Miss Weightman, daughter of William Weightman. He practiced law in this city for eighteen years, and was elected to Common Councils, in which body he was chairman of the Finance Committee.

Removing to Williamsport in 1878, he at once became active in both business and social circles. Entering also into the politics of that district, which is perhaps the most famous in Pennsylvania, being the Wilmot District, in 1880 he was elected to Congress, serving one term and absolutely refusing to enter the field for a second election, which was offered and pressed upon him by his party.

Two years ago Mr. Walker returned to Philadelphia to reside permanently, and on January 1, 1893, he again entered into active business.

Mr. Walker has traveled extensively, and his home on Walnut Street bears evidence, in the many gems of rare bric-a-brac which it contains, of his excellent taste and judgment. Quite recently he presented to the Pharmacological Laboratory of the Medico Chirurgical College a most valuable collection of crude and prepared drugs.

The faculty of the college congratulate themselves upon the acquisition of Mr. Walker, feeling that the addition of a man of so much activity and business perspicacity will give impetus to the already vigorous board of the Medico-Chirurgical College.

THE Seton Hospital for Consumptives, at Spuyten Duyvel, having two hundred beds, was opened for patients early in January. Dr. J. West Roosevelt is the physician-in-chief. The institution is not designed for the reception of persons hopelessly advanced in consumption.

THE MEMPHIS MEDICAL MONTHLY.—In succession to its esteemed editor, Dr. F. L. Sim, who had had charge of it for the last twelve years, Dr. A. G. Sinclair has assumed editorial charge of the Journal.

DR. F. K. BROWN has removed to 1236 South Fourth Street, Philadelphia.

PROFESSOR ZAKHARIN has been presented by the Czar with a valuable snuff-box bearing a portrait of the late Czar Alexander III.

EFFORTS are being made to erect a Presbyterian Hospital in Memphis, Tenn.

MR. TIMOTHY HOLMES, F.R.C.S., has been elected to the Treasurership of St. George's Hospital, of which he is also a consulting surgeon.

THE Syracuse Academy of Medicine elected the following officers for the coming year: President, Dr. Alfred Mercer; Vice-Presidents, Drs. John Van Duyn and Ely Vandewarker; Secretary, Dr. T. E. Halstead.

M. D'ARSONVAL has been elected to succeed Professor Brown-Séguard in the Paris Academy of Sciences.

LOUISVILLE CLINICAL SOCIETY.—At the regular meeting of this society the annual election of officers was held. The following were the choice of the society: Dr. George W. Griffiths, re-elected President; Dr. Philip F. Barbour, re-elected Vice-President; Dr. Louis Frank, Secretary.

ELECTION.—M. Hervieux has been chosen vice-president, for 1895, of the (French) Academy of Medicine.

ANNOUNCEMENT.—Dr. J. W. McLaughlin has been made senior editor of the Texas Sanitarian. Dr. T. J. Bennett remains attached to the journal in association with Dr. McLaughlin.

ANECDOTE OF HYRTL.—Hyrtl was very fond of animals. Some years ago one of his fellow-professors undertook some experiments to ascertain the loss of weight in cases of starvation, using for the purpose a lot of rabbits. The subjects of the experiment were weighed every day, but, to the experimenter's astonishment, they gained flesh instead of losing it. It was some time before he found out that Professor Hyrtl had been keeping them well supplied with food.

COLUMBUS (OHIO) ACADEMY OF MEDICINE.—At the annual election the following officers were chosen: Dr. A. B. Richardson, President; Dr. J. E. Browne, Vice-President; Dr. H. M. Platter, Secretary; Dr. F. W. Blake, Treasurer; Drs. T. C. Hoover, W. H. Whittaker, F. L. Stillman, Frank Warner, and J. B. Schueller, Board of Censors.

CATALOGUE OF THE HARVARD MEDICAL ALUMNI ASSOCIATION.—The editor of the MEDICAL BULLETIN takes pleasure in acknowledging the receipt of this publication. The officers of the association are: President, George Brune Shattuck, M.D., 1869, Boston, Mass. Vice-Presidents, Zabdiel Boylston Adams, M.D., 1853, Farmingham, Mass.; Israel Thorndike Dana, M.D., 1850, Portland, Me.; Richard Henry Derby, M.D., 1867, New York, N. Y.; Samuel Augustus Fisk, M.D., 1880, Denver, Col.; John Green, M.D., 1866, St. Louis, Mo.; Henry Hun, M.D., 1879, Albany, N. Y.; Horace George Miller, M.D., 1865, Providence, R. I.; John Lombard Robinson, M.D., 1859, Manchester,

N. H. ; John Brooks Wheeler, M.D., 1879, Burlington, Vt. ; William Scollay Whitwell, M.D., 1872, San Francisco, Cal. Treasurer, Walter Ela, M.D., 1875, Cambridge, Mass. Secretary, Augustus Thorndike, M.D., 1888, Boston, Mass. Councillors for the term ending 1898, Theodore Frelinghuysen Breck, M.D., 1966, Springfield, Mass. ; James Read Chadwick, M.D., 1871, Boston, Mass. ; Charles Ellery Stedman, M.D., 1855, Dorchester, Boston, Mass. For the term ending 1897, Arthur Tracy Cabot, M.D., 1876, Boston, Mass. ; James Foster Alleyne Adams, M.D., 1866, Pittsfield, Mass. ; Algernon Coolidge, Jr., M.D., 1886, Boston, Mass. For the term ending 1896, Francis Henry Brown, M.D., 1861, Boston, Mass. ; Charles Greenleaf Carleton, M.D., 1867, Lawrence, Mass. ; Samuel Wood Langmaid, M.D., 1864, Boston, Mass. For the term ending 1895, Charles Follen Folsom, M.D., 1870, Boston, Mass. ; George Ebenezer Francis, M.D., 1863, Worcester, Mass. ; Lincoln Ripley Stone, M.D., 1854, Newton, Mass.

DR. HENRY Y. GRANT, of Buffalo, was elected a member of the Ophthalmological Society of the United Kingdom of Great Britain and Ireland at a recent meeting.

MRS. JANE C. STORMONT, widow of Dr. David W. Stormont, of Topeka, Kan., has contributed \$10,000 to assist in the purchase of a site and the erection of a building which, when completed, shall be a hospital for women. It is to be called the Jane C. Stormont Hospital and Training-School for Nurses.

We have read with pleasure the report of the fourth annual meeting of the Harvard Medical Alumni Association, held in Boston, June 26, 1894. At the dinner interesting addresses were made by the invited guests, Prof. W. W. Keen, of the Jefferson Medical College ; Prof. William Osler, of Johns Hopkins University ; Prof. Wm. M. Polk, of the University of the City of New York, and Dr. John S. Billings, of the United States Army.

THE Memphis Medical Monthly informs us that Prof. W. B. Rogers has been elected Dean of the Faculty of the Memphis Hospital Medical College, *vice* Prof. F. L. Sim, deceased.

The Chair of Principles and Practice of Medicine having been made vacant by the death of Professor Sim, B. G. Henning, M.D., for many years Professor of Materia Medica and Therapeutics in the same institution, has been elected to that position.

Dr. H. L. Williford, for several years assistant to the chair, succeeds Dr. Henning as Professor of Materia Medica and Therapeutics.

EARLY EXPERIMENTS WITH CHLOROFORM.—When Sir James Y. Simpson was investigating

the properties of chloroform it was his custom every evening to have an anæsthetic *séance* with Drs. Keith and Duncan. On the evening of November 4, 1847, "The tumblers were newly charged, and the inhalers resumed their vocation. Immediately an unwonted hilarity seized the party, which became bright-eyed and very loquacious. Suddenly there was a talk of sounds being heard like those of a cotton-mill; a moment more, then all was quiet; and then a crash. On awakening, Dr. Simpson's first perception was mental: 'This is far stronger and better than ether.' His second was to note that he was prostrate on the floor, and that among the friends about him there was confusion. Hearing a noise, he turned, and saw Dr. Duncan beneath a chair; his jaw had dropped, his eyes were staring, his head was bent half under him. He was quite unconscious and snoring in a most determined manner. More noise still and much motion, and then his eyes overtook Dr. Keith's feet and legs making valorous efforts to overturn the table."

The interest in these experiments was not confined to the master of the house. The butler experimented also—only on the cook. On one occasion, finding some chloric ether in aerated water, he gave a glass of it to the cook, who, drinking it hastily, fell down unconscious. The butler rushed into the dining-room, saying, "For God's sake, sir, come down! I've poisoned the cook." After the woman was restored to consciousness the man was chary and contemptuous of any other concoction, and to the end repeated stubbornly his sentiment, "Chlory's the thing."—*New York Polyclinic*.

RESTRICTION OF CONSUMPTION.—Secretary Baker, of the Michigan State Board of Health, has recently received a letter from Dr. H. B. Horlbeck, who for many years has been the efficient Health Officer of Charleston, S.C., a prominent member of the American Public Health Association, and a prominent sanitarian in this country, in which the hope is expressed that Charleston will follow the "good example set by the State of Michigan in attacking consumption, or tuberculosis." In accordance with Dr. Horlbeck's request, Secretary Baker sent him such pamphlets, leaflets, copies of laws under which the work is being done in Michigan, and diagrams showing the result of a similar work which has been so successful in Michigan in lessening the number of deaths from scarlet fever. The information given Dr. Horlbeck related to Michigan's plan for the legal control of tuberculosis, and more especially for the restriction of the disease through the systematic and continuous education of the people most endangered,—the relatives, friends, and associates of consumptives.

DR. C. B. PARKER, Professor of Surgery in Wooster University, and surgeon to the Cleveland General Hospital, Cleveland, Ohio, delivered, by special invitation, an address to the Columbus Academy of Medicine, on January 28, 1895, upon "Necrosis: Diagnosis, Treatment, and Cure by Organized Blood-clot."

At a recent meeting of the Faculty of the Medical Department of the Tulane University of Louisiana, women were admitted on a parity with men in the Pharmaceutical School, and will be granted degrees. This action allows them to attend the lectures on chemistry, medical jurisprudence and toxicology; hygiene, materia medica and therapeutics, while previous to this they were granted certificates and the privileges of the practical laboratories only.

THE UNIVERSITY OF SOUTHERN CALIFORNIA.—Dr. Walter Lindley, who has resumed practice in Los Angeles after an absence of three years, has been elected to the Chair of Gynecology in the medical college.

DR. H. W. ROGERS has been elected Professor of Principles and Practice of Medicine and Clinical Medicine in the Medical Department of the University of Wooster. Dr. J. B. McGee is filling the Chair of Therapeutics made vacant by Dr. Rogers's transfer.

PROF. G. DRAGENDORFF severed his connection with the University of Dorpat, Russia, in December, and will, for a time at least, reside in Rostock, Mecklenburg, Germany.

BOOK REVIEWS.

Sexual Neurasthenia (Nervous Exhaustion): its Hygiene, Causes, Symptoms, and Treatment. With a Chapter on Diet for the Nervous. By GEORGE M. BEARD, A.M., M.D., Formerly Lecturer on Nervous Diseases in the University of the City of New York, etc. Edited, with Notes and Additions, by A. D. ROCKWELL, A.M., M.D., Formerly Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital, etc. Fourth Edition. With Formulas. New York: E. B. Treat, 1895. Price, \$2.75.

The subject with which this work deals is an important one to a large class of patients who suffer from nervous exhaustion, and of interest to the physician whose task, often very difficult, it is to undertake the restoration of such patients to health. Every practitioner should endeavor to fit himself to treat such cases intelligently, and in the pages of this work he will find the results of a large experience. Disorders of the male

sexual apparatus are responsible for much mental distress, they are exceedingly common, they are of different varieties, and they require close study. The book before us was substantially written by the late Dr. Beard, whose papers were arranged by Dr. Rockwell. The patients who suffer from these maladies are in the prime of life; their condition, real or imaginary, weighs upon their minds with terrible force. They demand assistance, and if they cannot obtain relief from educated physicians they are apt to resort to quacks. The mental depression produced in such cases frequently ends in melancholia or some other form of alienation. These morbid conditions have been closely studied by the authors, and the reader will find presented in concise form a large mass of information, an excellent presentation of the varieties of neurasthenia, its relation to other diseases, a judicious chapter on sexual hygiene, and a number of illustrative cases. A chapter upon the diet of the nervous contains some interesting suggestions. Dr. Rockwell has contributed a final chapter on sexual erethism which is well worth perusal. The value of electricity in the treatment of sexual neurasthenia is amply demonstrated.

Blood-Serum Therapy and Antitoxins. By GEORGE E. KRIEGER, M.D., Surgeon to the Chicago Hospital. With Illustrations. Chicago: E. H. Colegrove & Co., 1895.

This brochure treats of an important scientific as well as practical subject, and one which is at the present time receiving much attention. The author succinctly describes the principle upon which blood-serum therapy is based, and the toxins and toxalbumins concerned in the production of disease and immunity. Chapters III and IV are devoted, respectively, to tetanus and diphtheria. The book is adapted to fill a useful purpose.

The Medical, Pharmaceutical, and Dental Register. Directory and Intelligencer, with special Medical, Pharmaceutical, and Dental Departments; containing detailed information of Colleges, Hospitals, Asylums, Medical Societies, etc., etc., for Pennsylvania, New York, New Jersey, Delaware, and the District of Columbia. Third edition. GEORGE KEIL, Publisher and editor. Philadelphia: 1895.

The well and favorably known publication of Mr. Keil has grown in size each year, and now embraces a fund of information concerning the professions and institutions of the Middle States and District of Columbia. It is a work which is often useful, and its information is reliable. An improved feature of the present edition is the indexing of physicians of Philadelphia, New York, and Brooklyn by streets as well as by

their names. This simple addition adds much to the value of the book for purposes of reference.

Dose Book and Manual of Prescription-Writing.

With a List of the Official Drugs and Preparations, and also many of the Newer Remedies, now frequently used, with their Doses. By E. Q. THORNTON, M.D., Ph.G., Demonstrator of Therapeutics of Jefferson Medical College of Philadelphia, etc. Philadelphia: W. B. Saunders, 1895. Saunders's New Aid Series.

In this work the author conveys much useful information regarding the art of prescription-writing, including sufficient examples from the Latin grammar to render intelligible the phrases employed, and to preserve the student from the perpetration of gross errors. The subject of dosage is well treated, and the book contains a list of official and officinal drugs and preparations. Doses are given in both apothecaries' and the metric systems.

Syllabus of Gynecology.

Based on the American Text-Book of Gynecology. By J. W. LONG, M.D., Richmond, Professor of Gynecology and Pediatrics in the Medical College of Virginia, etc. Philadelphia: W. B. Saunders, 1895. Price \$1 00, net.

The matter of this little work is arranged in tabular form, with the purpose of being useful to the student as lecture-notes, as a means of following and remembering the lectures, and also as a convenient reference for practitioners. The statements represent principally, but not exclusively, the teaching of the American text book.

Laboratory Guide for the Bacteriologist.

By LANGDON FROTHINGHAM, M.D.V., Assistant in Bacteriology and Veterinary Science, Sheffield Scientific School, Yale University. Illustrated. Philadelphia: W. B. Saunders, 1895. Price, 75 cents.

This work, of convenient size and form, of flexible covers, is a useful *vade mecum* to the student, giving, in brief terms, the processes employed in staining bacilli, and information in regard to the various fluids employed as staining-agents. The book was written for convenient use at the laboratory-table, and is well adapted to fulfill the purpose for which it was intended.

Chemically-Pure Hypophosphites. Therapeutic

Indications, with Clinical Data. Edited by R. W. GARDNER, Pharmaceutical Chemist. Twelfth Edition. New York, 1895.

Gardner's Syrup of Hydriodic Acid. Therapeutic

Indications, with Clinical Data. Edited by R. W. GARDNER, Pharmaceutical Chemist. Twelfth Edition. New York, 1895.

Under one cover the author has brought together two monographs, each in its twelfth edition. By a novel arrangement, each begins

at its own side of the book, so that one-half the pages are upside down to the other, and *vice versa*. All physicians have satisfied themselves of the value of Gardner's preparations. Their chemical purity renders them reliable agents when used in accordance with proper therapeutical indications. We need say nothing of the value of hypophosphites in conditions of depressed nutrition. Hydriodic acid is an excellent remedy in various maladies. Mr. Gardner has brought together, from many sources, apt illustrations of the usefulness of his preparations.

Notes on the Newer Remedies: their Therapeutic Applications and Modes of Administration.

By DAVID CERNA, M.D., Ph.D., Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc. Second Edition, Revised and Enlarged. Philadelphia: W. B. Saunders, 1895. Price, \$1.25.

Dr. Cerna has himself investigated the physiological action of many of the drugs which have of late years been brought to the notice of the profession. From the labors of other authorities, as well as from his own studies, he has brought together those points of information relative to the action of drugs in health and disease which will be welcome to the practical physician. A clinical index accompanies the work and adds to its usefulness. Much new matter has been introduced into the present edition, in the effort to properly represent the most recent advances in pharmacognosy and therapeutics. Within a moderate compass the author has compressed much information.

How Shall the Rich Escape?

By DR. F. S. BILLINGS, Founder and Late Director of the Patho-Biological Laboratory of the State University of Nebraska. Published for the Author. Boston, 1894.

The active mind of Dr. Billings delights no less in sociological and theological than in pathological problems. In this work he expounds his ideas in regard to the nature of religion, the evolution of intelligence, and ethics; the construction of society, government, education, and kindred topics. The author is an aggressive thinker, and this work is replete with his individuality. The subjects with which it deals are of perennial interest, and thoughtful writing concerning them will always compel the attention of educated minds.

Announcement of the International Medical Annual for 1895.

E. B. Treat, publisher, New York, has in press for early publication the 1895 "International Medical Annual," being the thirteenth

yearly issue of this eminently useful work. Since the first issue of this one-volume reference-work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of thirty-eight distinguished contributors and specialists, from America, England, and the Continent. It will contain the progress of medical science in all parts of the world, together with a large number of original articles and reviews by authors on subjects with which their scientific reputation is identified. In short, the design of the book is to bring the practitioner into direct communication with those who are advancing the science of medicine, so he may be furnished with all that is worthy of preservation as reliable aids in his daily work. Illustrations in black and colors will be freely used in elucidating the text. A most useful investment for the medical practitioner. The price remains the same as heretofore, \$2.75.

Suggestive Therapeutics.

The F. A. Davis Company will issue, early in February, a companion book to Dr. R. von Krafft-Ebing's famous treatise, "Psychopathia Sexualis," entitled, "Suggestive Therapeutics in Psychopathia Sexualis," it being a translation of the original by DR. A. SCHRENCK-NOTZING, of Munich, collaborator with Krafft-Ebing. This book will contain about 325 pages, and be sold by subscription only, at \$2.50 per volume, in cloth. It will be of the greatest importance as an authoritative work on suggestion as a therapeutic agent in the hands of the intelligent practitioner.

A Compend of Materia Medica, Therapeutics, and Prescription-Writing. By SAMUEL O. L. POTTER, M.D., M.R.C.P. L., Late Professor of Practice of Medicine in Cooper Medical College, San Francisco, etc. Sixth Edition, Enlarged and Rewritten. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1894.

This is one of the regular series of "Quiz Compend" issued yearly, being based upon the last U. S. Pharmacopœia (1890); it also contains many unofficial remedies.

CURRENT MEDICAL LITERATURE.

State Board of Health Bulletin. Nashville, Tenn., August and September, 1894.

The Monthly Bulletin. Designed to inculcate the Principles of Hygiene and Present a Record of the Public Health, Mortality, and Meteorology in Rhode Island. June-July, 1894.

Annuaire de l'Université Laval pour l'Année Académique, 1894-95. No. 38.

Announcement of the Gross Medical College, Denver, Colo. Annual Session, 1894-95.

Notes on Gynecological Technique. By Hunter Robb, M.D., Associate in Gynecology, Johns Hopkins University, Baltimore, Md.

Asepsis in Minor Procedures. By Hunter Robb, M.D., of Baltimore.

An Operating-Table. By Hunter Robb, M.D., Associate in Gynecology at Johns Hopkins University, Baltimore.

Abstract of Proceedings of the Michigan State Board of Health. Quarterly Meeting, July 13, 1894.

Abstract of Sanitary Reports. Vol. ix. Washington, D.C., 1894. Nos. 31, 32, 33. Treasury Department, U. S. Marine-Hospital Service. Published in accordance with Act of Congress approved February 15, 1893.

Practical Application of the Principles of Sterilization. By Hunter Robb, M.D., Associate in Gynecology at Johns Hopkins University, Baltimore.

Sixteenth Annual Announcement of the St. Louis College of Physicians and Surgeons. Session 1894-95.

Prospectus of the St. Louis College of Pharmacy. Twenty-ninth Annual Session.

Fifth Annual Announcement of the Kansas Medical College, Topeka, Kansas. Session 1894-95.

Abdominal Surgery on the Battle-Field. By N. Senn, M.D., Ph.D., LL.D., President of the Association of Military Surgeons of the United States, etc.

Gastrostomy in Carcinoma of the Cardiac Orifice. By Emory Lanphear, M.D., Ph.D., of Kansas City, Mo., Surgeon to University Dispensary, etc.

The Use of the Curette in Uterine Surgery. By A. Vander Veer, M.D., Professor of Didactic, Abdominal, and Clinical Surgery. Albany Medical College, Albany, N. Y.

On the Value of Constitutional, together with Local, Treatment in Cases of Chronic Periostritis. By Charles H. Merz, A.M., M.D., Sandusky, Ohio.

Supra-vaginal Hysterectomy without Ligature of the Cervix, in Operation for Uterine Fibroids. A New Method. Cases of Chronic Ovarian Abscess illustrating the Danger of Delay in their Proper Management. Drainage in Abdominal Surgery: its Unnecessary and Excessive Use. By B. F. Baer, M.D., Professor of Gynecology in the Philadelphia Polyclinic.

COMMERCIAL NEWS.

THE LIGHT THAT FAILED.

The above was the title of a capital tale written by that charming colonial cockney, Rudyard Kipling; but—that's another story. He certainly had not in mind, at the time he constructed his title, the famous Dietz Lamp. There is a Carriage Lamp whose light *never* fails,—a fact the manufacturers can amply substantiate by the large number of unsolicited testimonials now in their possession. If you have trouble with your present carriage lamps in stormy weather, and desire something really unquenchable, just drop a line to the R. E. Dietz Company, 60 Laight Street, New York City, mentioning this journal, and get some information on the lamp question that will not only open your eyes, but enable you to see clearly after they are opened.

NEW POCKET-CASE.

Professor Keen's New Aseptic Pocket-Case, advertised on page 23, we are told is having a rapidly-increasing sale. It certainly is one of the best, most complete, and cheapest pocket-case on the market, and Messrs. W. V. Willis & Co. are to be congratulated on getting out such a neat and perfect case at so small a cost.

We are pleased to learn of the gratifying success attending this young and progressive firm, and cheerfully recommend them to any of our readers wanting surgical supplies as a house whose goods, prices, and dealings can always be relied on.

FEVER THERMOMETERS.

We are gratified to learn that the business of H. Weinhausen, manufacturer of the celebrated "Weinhausen Thermometers," 22 and 24 N. William Street, New York City, has almost doubled in the last six months, notwithstanding the commercial depression that existed throughout the country. His new price-list is most complete, and will prove itself of much value to every physician in practice. He will be pleased to send a copy of it on writing him and mentioning this journal.

In the treatment of nervous diseases and general debility, McArthur's Syrup Hypophosphites demonstrates its restorative powers. Here it is not the stimulating action of the remedies usually classed as tonics that is needed. The organic powers of the system are already taxed to their utmost ability to carry on the physiological processes of life. The Hypophosphites of lime and soda gives the much-needed effect in these conditions,—

not that of a stimulant by irritation, but that of a true nutriment to the starving tissues. Its tonic effects are permanent as they are the effects of a richer blood-supply, bringing healthy food and oxygen to the tissues. Thus the patient is gradually brought up to his normal condition.

DIPHTHERIA ANTITOXIN—BEHRING.

We are informed by Schulze-Berge & Koechl, 79 Murray Street, New York, who are the sole agents in the United States for the Farbwerke vorm. Meister Lucius & Bruning, Hoechst O. Main, Germany, who manufacture Diphtheria Antitoxin—Behring, under the immediate supervision of Professors Behring and Ehrlich, that they are assured of a regular supply of this product in the near future, and will soon be able to fill all orders for the same.

In order to protect both physician and patient from the necessity of paying exorbitant prices for the remedy to persons who may be inclined to purchase it for speculative purposes, the above firm are willing, although contrary to their custom, to sell direct to physicians and retail pharmacists who are unable to promptly obtain the remedy from their dealers, at the following prices, but only when order is accompanied with cash.

No. 1, green label, 600 Antitoxin Units, \$1.90; No. 2, white label, 1000 Antitoxin Units, \$3.50; and No. 3, red label, 1500 Antitoxin Units, \$5.25.

Directions for use are wrapped around the vials.

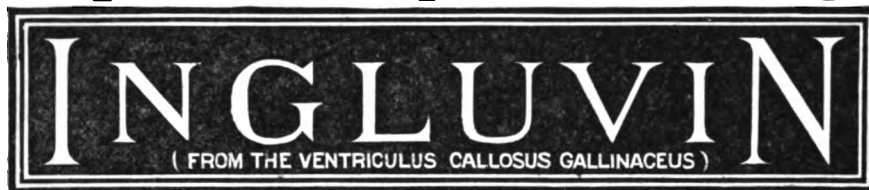
We are pleased to learn that the original and reliable serum of Professor Behring is so soon to be generally available in this country.

ALCOHOLIC EXCESS.

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(Continued on advertising page 18)

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A most potent and reliable remedy for the cure of Marasmus, Cholera Infantum, Indigestion, Dyspepsia and Sick Stomach
It is superior to the Pepsin preparations, since it acts with more certainty, and effects cures where they fail.

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"I have to acknowledge duly having received the Ingluvin which you were good enough to send me for the purpose of proving the therapeutic effects of this excellent medicine amongst my clients, from Messrs. Warner & Co.

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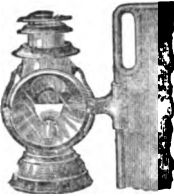
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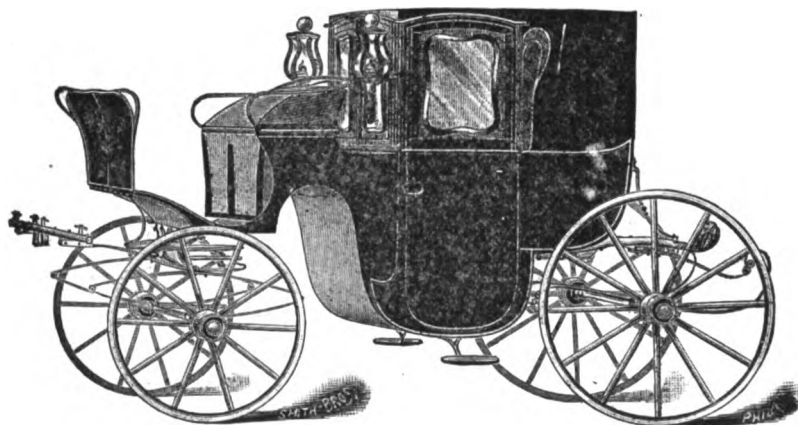
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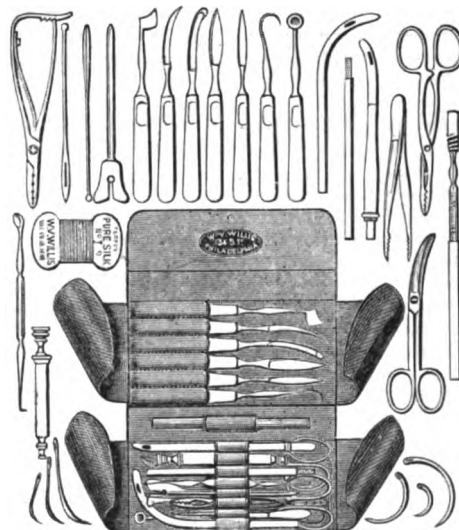
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FROM A MEDICO-LEGAL STAND-POINT.

THE recent publication by a distinguished professor of a *brochure* upon the Treatment of Wounds will bear a double significance to all who are concerned in the well-being of patients submitting to surgical operations at their hands.

It will be evident, to those who are aware of the author's wide field of observation, that the *raison d'être* of his book is the conviction that a considerable number of the medical profession are not acting quite up to their lights; in other words, that they either fail to appreciate or are lagging in their adoption of the newest, simplest, and most efficient forms of *Listerism*. The seriousness of which assumption is abundantly evinced by the legend which appears upon its title-page.

Here it is boldly and clearly stated that "*suppuration occurring in a wound made by the surgeon through unbroken skin is the result of some error or oversight on his part*"

Further on the writer reiterates his postulate in yet more decided terms.

"The more experienced a surgeon becomes with this work (the antiseptic treatment of wounds), and the greater care he takes, the less likely is he to have suppuration; and at the present day pus in a wound made by a surgeon through the unbroken skin is a thing which ought not to be seen."

"If it does occur the fault is the surgeon's [the italics are ours], and he must look to it that the fault is not committed again; for it must be remembered that the presence of pus implies the presence of pyogenic organisms, and that these, while they locally set up suppuration, are able also, when they penetrate into the body under suitable conditions, to set up the terrible septic diseases which were formerly the scourge of surgery."

Such a declaration, made by such a surgeon, must profoundly affect the whole fraternity in a medico-legal sense. It is not likely that we have heard the last of it in its mere enunciation.

For our present purpose further quotation is unnecessary. Surgeons inform us that enough has been said to incite every conscientious and prudent man to a careful review and a close scrutiny of every detail in the chain of measures designed to attain the perfect *asepsis* of wounds.

Such a detail is the "toilet" of the skin of a surgical patient preparatory to incision.

Authorities, insular and continental, agree that a more or less prolonged soaking of the skin with bacterioid lotion is essential, more especially in parts like the axilla, where hair is abundant and the sebaceous glands numerous. And by all a well-administered local "scrubbing with soap and nail-brush" is considered a necessary premise; but by none, so far as we are aware, is any caution given as to the quality and purity of the soap to be used.

That any of the processes of soap-manufacture are by

themselves considered capable of evolving a perfectly aseptic saponaceous product, irrespective of the purity and cleanliness of its primary elements, will hardly be claimed at this day. On the other hand, we may assume, from the popularity of soaps holding well-combined and palpable proportions of carbolic acid, terebene, and coal-tar, particularly among German surgeons, that either the soap itself was questionably safe in surgical cases, or that these antiseptics are thought to contribute essentially to the general procedure as against septic organisms.

However this may be, one can take it as agreed that the soaps used by surgeons and nurses preparatory to operations are indispensable, and should therefore be not only absolutely pure in their component parts, but be entirely unsophisticated, i.e., free from every substance which is foreign to soap, *quâ* soap; and, secondly, that if it is believed useful to combine antiseptics with soap, these should be present in known and efficient ratio to the whole mass.

From our present stand-point it cannot be a matter of indifference to the surgeon that the fats and oils to be saponified for his use were derived from the off-scurings of woolen mills, the skimmings of sewage-polluted streams, or the refuse from cod-livers or other fish-oil. But even under the more favorable circumstances where soaps are made from fats extracted from the grease-barrel of restaurants and butcher-shops, the soaps are attended with grave risks. The smell of a fat-rendering factory often savors of the mortuary, and is sufficient to reveal the truth.

Nor would it seem to be unimportant in dealing with delicate skins at their most vulnerable points, that a surgeon's soap shall be free from sugar, toffee, the various silicates, china-clay, fullers' earth, glue, or common salt, all of which are found as "make-weights" in the commoner and cheaper sorts.

Then, too, many of the products denominated "antiseptic" contain scarcely a *modicum* of the ingredient from which they derive their name; usually there is just sufficient to mask, by its odor or color (as in tar-soap), the smell of rancid fats or decomposing nitrogenous material.

The course most expedient to pursue—since all cannot be analysts—is that surgeons should insist that the soaps to be used prior to every operation, whether in hospital or in private practice, should be *procured from well-known sources, made by reputable manufacturers in a large way of business, and guaranteed by their recognized imprint or trade-mark.*

We feel confident that the medical and, indeed, scientific public generally have long since awarded us a prominent place among such houses, and that our soaps, made with the purest and best of materials, with a maximum of technical care, and being exactly what they are represented to be, cannot fail to satisfy the most discriminating demands.

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THE MEDICAL BULLETIN

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY

VOL. XVII.

PHILADELPHIA, MARCH, 1895.

No. 3

CLINICAL LECTURE.

ABSTRACT OF A CLINICAL LECTURE.*

ABSTRACTED BY A. M. PHELPS, M.D.,

Professor of Orthopædic Surgery, Post-Graduate School and Hospital; Professor of Orthopædic Surgery, University of Vermont; Professor of Orthopædic Surgery, University of City of New York, and Surgeon to New York City Hospital.

SPASTIC PARALYSIS; TALIPES EQUINO-VARUS.

THE next case I have to show is a very interesting one. T. G., 11 years of age, came into the hospital in May, 1893. He was then 10½ years of age, and was the subject of spastic paraplegia,—that is to say, the reflex action in his lower extremities was uncontrolled because of some affection of the spinal cord. The cells of the anterior cornu of the gray crescent of the cord are in connection with two sets of filaments,—motor and sensory. The gray crescent is, in fact, a small, independent brain, responsible to the supreme authority of the encephalon. If we cut off the connection between the gray matter and the encephalon there can evidently be no longer any direct control of the gray nerve-tissue; thus, for instance, on gently pinching the leg we get spasmodic and uncontrolled contraction of the muscles of the limb. The reflex action is ordinarily controlled by inhibitory filaments running from the brain to the gray matter of the cord through the antero-lateral column of the cord, and if anything happen to interfere with the integrity of these filaments the reflex acts lose inhibition and run riot. They had run riot in this boy. As

he attempted to walk, contact between his foot and the ground caused spasmodic contraction of the muscles to take place, and he walked in the manner characteristic of spastic paraplegia, as I will demonstrate shortly in another case. He walked with stiffened legs, scraping his toes along the ground. In this boy the spastic paraplegia was not extremely well marked, but it was sufficiently obvious. There was spasmodic contraction of the calf-muscles particularly, causing elevation of the heels, so that as he walked his toes were constantly catching on the ground. Moreover, the feet were constantly extended and inverted, in the position of talipes equino-varus.

The question was, What could be done for him? Through some early disease of the antero-lateral columns of the cord he had lost inhibition in his leg- and feet-centres, and it was altogether a most unpromising case for treatment. But we thought we would give the boy a chance by the open operation of Phelps, of New York, for talipes equino-varus. The result is that he now stands with his feet perfectly flat; there is neither inversion nor eversion, and, although there is still some clasp-knife action, he walks, so far as my part of the business is concerned, a perfect plantigrade. You will see the high-stepping action as he goes along the floor, but, fortunately, his central nervous affection has greatly improved.

The case has made a considerable impression upon me, because, from a surgical point of view, it was extremely unpromising. I can remember the time when a surgeon would have refused to operate upon a case of talipes equino-varus, or any other form of talipes which was secondary to central nervous disease, because the outlook was so poor. All

* Delivered by Mr. Edmon Owen, of London, Eng., in St. Mary's Hospital.

such miserable cripples were, therefore, left without efficient treatment, and were allowed to drift on from bad to worse. I would not have operated on this boy had I not been particularly conversant with the operation of Phelps,—a man who has done a great deal for orthopædic surgery, and who is, by the way, a general surgeon, not a special orthopædist. I think the time is coming when all bad cases of talipes equino-varus, except in very young children, will be operated upon by this open method. It seems, to me at least, to be inevitable. Here, truly, is a happy result of the thorough operation. All the credit of it is due to the large view and bold treatment of my American colleague, Dr. A. M. Phelps. I am not depreciating specialism altogether, but I have no hesitation in saying openly that I think specialism is going a little too far. May I here remark that probably the greatest advance that has been made in recent years, in connection with the treatment of skin disease, was made by a general, not a special, physician,—the treatment, namely, of inveterate cases of psoriasis by thyroid extract. If a man work within too narrow limits he is apt, I think, to lose sight of great principles and take a contracted view of his surroundings. I do not say that he *is*, but certainly he is apt to be, like a man working in a valley. And in his work he is apt to develop a certain amount of professional myopia.

PHELPS'S OPERATION.

A word or two with regard to Phelps's operation:—

The old-fashioned and orthodox treatment of club foot consisted in the subcutaneous division of tendons and fascia,—division of the tibialis posticus, the flexor digitorum, and, perhaps, the plantar fascia. Then, with a good deal of subsequent manipulation and tedious working with a mechanical Scarpa shoe, the foot was got into a more or less satisfactory position. Afterward the tendon of Achilles was divided. This large tendon, you remember, was divided last of all. It was left for the purpose of acting as a fixed point, so that from it the surgeon might be able to exert, with a Scarpa shoe, a certain amount of flexion and eversion. But if you happen to be dealing with a slight case of talipes equino-varus, it will very likely suffice if you divide only the tendon of Achilles. When this is effected you may be able to correct a very considerable

amount of inversion as well as extension of the foot. I would, therefore, strongly advise, in every case, division of that structure first. That is a great point, but not an original one, in Phelps's operation. It is characteristic of Phelps's operation that, instead of dividing the inverting structure subcutaneously, the open method is employed, so that the surgeon can see exactly what he is doing, and thus divide nothing that does not require division and everything that does.

[The last paragraph does not quite state all. The other reason, and by far the most important, is that the skin, cellular tissue, and fibrous tissue on the inner side of the foot are short, and these tissues must be lengthened either by cutting, tearing, or stretching, before the foot can be brought to a supercorrected position, and cutting is the least harmful and most rapid,—hence the open cut.—PHELPS.]

The incision is made, as I show you in this other child, from the dorsum of the foot across the inner side, just over the head of the astragalus, and is carried down to the sole. The internal saphenous vein is possibly divided, though it is often seen and avoided. The deep fascia has then to be cut, as it covers the abductor hallucis; then the tendon of the tibialis posticus, which supports the head of the astragalus, and the tendon of the flexor longus digitorum underlying the head of the astragalus. Going a little farther, the surgeon opens a joint between the astragalus and scaphoid. Now comes what I consider to be the most important point in the whole operation,—the anterior part of the internal lateral ligament is freely cut. You remember how this ligament is arranged. The anterior fibres are not connected with the astragalus, but run over it to be attached to the scaphoid bone. The anterior part of the internal lateral ligament is peculiarly tight and resistant in talipes equino-varus, and, more than any other structure, requires attention. As soon as that is done the foot is everted and the joint between the astragalus and scaphoid opened up. The other resisting structures in the foot are then divided. Amongst them will come, I dare say, the middle piece of the plantar fascia, which is the strongest part, and, very likely, the flexor brevis digitorum. Then the inferior calcaneo scaphoid ligament has to be divided because it is holding the tuberosity of the scaphoid up against the sustentaculum tali.

The position of the foot is to be improved by increasing the length of the inner border, and that can only be done by opening the joints between the astragalus and scaphoid, a measure which is impossible without the division of the inferior calcaneo-scaphoid ligament. After every cut the surgeon wrenches the foot into a slightly improved position; he goes step by step, feeling his way, as it were, with the tip of his finger and the end of his scalpel. Perhaps before the foot can be got into the proper position the long and the short calcaneo-cuboid ligaments have to be divided. After that the surgeon gives another wrench and gets the foot into an overcorrected position. He dresses the wound lightly with some antiseptic gauze, loosely filling the large cavity, and then he secures the foot in lateral splints of house-flannel and plaster of Paris.

It may not be amiss to compare for a moment, in passing, this operation with other radical operations on the foot which consisted in the removal of the wedge-shaped piece from the outer border of the foot. If the apex of the wedge is brought far enough inward and the base is sufficiently wide, the foot can then be straightened out and brought flat. But this improvement is obtained at the expense of the length of the foot. Different varieties of these operative procedures bear the names of different surgeons,—Davies Colley and Richard Davy. And there is yet another,—and a very excellent one it is,—which consists in the removal of the astragalus: it bears the name of a well-known provincial surgeon,—Lund, of Manchester. These various procedures have emanated during the last few years from pioneers in orthopædic surgery, all of whom, by-the-by, were general surgeons.

All of these operations, useful as they have been in the evolution of the surgery of club-foot, effected their improvement by shortening the external border or sacrificing some part of the foot; but Phelps's operation improves the position of the foot,—not by shortening or sacrificing anything, but by lengthening the internal border of the foot,—and I am satisfied that it is of a very great importance.

The wound having been dressed in the case of this boy, operated on as described, on May 16th, the foot was wrenched around into the overcorrected position and incased in lateral splints of house-flannel and plaster of Paris. Then for five weeks it was not interfered with.

Only to-day the second dressing was taken off, two weeks having elapsed since the first was removed. When the dressing was removed the wound was almost healed, and, as you will see, it must have been an extensive one originally. Mr. Kellock, who, with me, operated on one of this boy's feet some time ago, suggested and carried out an ingenious modification in the detail: As soon as the foot is lengthened out there is a considerable amount of slack skin upon the dorsal and outer aspect of the foot; so, after the deep operation-wound on the inner side of the foot had begun to granulate, Mr. Kellock raised a large flap of this redundant integument and slipped it into the wound. This graft has done well, and its growth has materially expedited the healing.

[No matter how wide the wound has gaped, in my experience it has always filled in perfectly within six weeks, and within a short time the redundant skin on the outside of the foot has been absorbed. With these observations in mind, I think I would hardly resort to a plastic operation in any case, although I would not condemn the practice.—PHELPS.]

The old treatment by Scarpa's shoe required a great deal of attention on the part of the surgeon, who required, in private practice, to make almost daily visits to see how the case was going on, to assure himself that the foot was bearing the restraint, and to alter the screws. According to the new procedure the foot is put up in plaster of Paris and so left for three or four weeks, the patient being allowed to walk about within a week of the operation.

[Mr. Owen is right in teaching that contraction following paralysis should be lengthened by operation. The senseless, prolonged, painful, stretching treatment followed by some orthopædists is to be deplored. It will be abandoned in the near future. It is as unscientific to attempt, by machines, to stretch these contracted muscles and tendons as it is to follow the same plan of mechanical treatment with the remunerative tendo Achillis, Dupuytren contraction and plantar fascia, now so popular in the circles of certain mechanicians. These paralyzed muscles should be lengthened by interposing an abundance of new tissue, and not by stretching. The latter nearly always relapses, making it remunerative for the mechanic, while the cases operated upon do not—or at least very seldom—relapse, and the

usefulness of the foot is very much superior to those treated by stretching.—PHELPS.]

ORIGINAL COMMUNICATIONS.

DISEASES OF PIGMENTATION.

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IN a number of constitutional or local diseases the pigment of the skin is disarranged, diminished, or increased. Certain drugs, also, after having been taken for a long time, have the power of producing alterations in the color of the skin. In grouping together affections characterized by chronic discoloration, I shall first discuss those which are due to systemic causes.

Chlorosis.—Pallor, mixed usually with a faint-yellowish tinge, is indicative of anæmia,—that is, a reduction in the number of red blood-corpuscles and in the proportion of hæmoglobin. In chlorosis, however, the red cells are slightly, if at all, reduced in number, but their hæmoglobin is disproportionately diminished. The proportion of white to red cells is undisturbed. This difference of composition is denoted by a difference of color. In chlorosis the pallor is associated with a yellowish-green hue, which is, in itself, almost pathognomonic. The mucous membranes, likewise, lose their rosy color and acquire a tint comparable to that of the skin. The red corpuscles themselves are pale, and the blood is of lighter shade than is normal. The waste of hæmoglobin is necessarily accompanied by a loss of iron.

The pathology of the affection explains its symptoms. A diminution of hæmoglobin means less iron and less oxygen furnished to the tissues. Deprived of its proper stimulus, the heart becomes weak and irregular in its action. The patient is subject to palpitation. Functional heart-murmurs are, in some cases, detected upon auscultation. Respiration is shallow and sighing. There is shortness of breath, markedly increased by even moderate exertion. The general muscular system loses its vigor. Attacks of vertigo are frequent, and are caused especially by any abrupt change of posture. The appetite altogether fails or it becomes capricious and perverted. Feeble peristaltic action leads to constipation. En-

feebled digestion is marked by flatulence and other dyspeptic manifestations. Headache, depression of spirits, irritability of temper, and sleeplessness are other symptoms dependent, directly or indirectly, upon the serious alteration in the composition of the blood. Notwithstanding the interference with the processes of assimilation, the patients do not generally lose much flesh.

The subjects of chlorosis are almost invariably females between the ages of 15 and 20 years. This fact suggests a relationship between the healthy performance of the ovarian functions and the development of the disease. The genesis of hæmoglobin may also be interfered with by overwork, either physical or mental. It has been known to develop suddenly under the influence of psychical causes.

The diagnosis of this malady does not usually present much difficulty. The peculiar hue of skin and mucous membrane, the age of the patient, her personal history, and the absence or derangements of menstruation point unerringly to the nature of the case. Any doubt which might linger is absolutely settled by an examination of the blood,—above all, by an estimation of the hæmoglobin.

As a rule, patients are gradually restored to health by means of a judicious therapy.

Jaundice.—The absorption of bile into the blood communicates a yellow discoloration to the skin and other tissues. The serum of the blood, serous effusions, and various secretions become stained with bile-pigment before any change takes place in the hue of the integument. The color of the urine varies from deep yellow to greenish brown or brownish black. The perspiration also becomes tinged with yellow. Pigment is deposited in the substance of the liver and kidneys. The mammary secretion sometimes shows the presence of biliary coloring matter. The first evidence to appear upon the general surface is discoloration of the conjunctiva. Pigmentation of the skin is earliest observed in situations where the epidermis is thin and secretion abundant. The shade varies from pale yellow to a decided brown. The coloring material is chiefly deposited in the deeper layers of the epiderm. The mucous membranes are but slightly jaundiced. The subcutaneous connective tissue, fibrous and serous membranes, the humors of the eye, the bones, brain, and walls of blood and lymphatic vessels may likewise become discol-

ored in severe cases. Obstruction to the passage of bile may be due to constriction of the biliary ducts. The constriction is, in some cases, due to cicatrization of an ulcer with consequent adhesions, and in other instances to the development of a neoplasm from the canal. It may equally be occasioned by the pressure of a tumor originating in some neighboring part. Jaundice, however, is usually the result of a more or less complete occlusion of the ductus communis by a gall-stone, or by a catarrhal condition of the lining membrane, accompanied by swelling and the presence of thickened mucus. Catarrhal jaundice is the most frequent of all varieties. Icterus occasionally develops very suddenly, as a result of fright, anger, or other violent emotion. The last form of the affection is, in our present state of knowledge, difficult to satisfactorily explain.

Finally, jaundice may be symptomatic of various diseases of the liver or pathological conditions of the blood.

The symptoms of jaundice refer, in the first place, to the cause by which it is produced, and, secondly, to the presence of bile in the blood. Among the usual results of absorption of bile are retardation of the pulse and respiration, pruritus, languor, and depression of spirits. A bitter taste may be experienced in the mouth, and occasionally yellow vision, or xanthops, occurs.

Icterus neonatorum is not infrequent, and is due, in most cases, to the alterations which take place in the circulation at birth. In a minority of instances it is pyæmic, and depends upon umbilical phlebitis. Jaundice sometimes occurs during pregnancy. It may be caused by pressure of the enlarged womb or of fæcal masses in the colon. Again, it may simply be the result of a concurrent gastro-duodenal catarrh.

The diagnosis of jaundice is easily made. The decided yellow color of the skin and the conjunctivæ, together with the presence of bile-pigment in the urine, serves to distinguish it from other discolorations.

Malaria.—Chronic malaria effects an alteration in the complexion. In tropical climates, particularly, the discoloration may amount to actual jaundice, by reason of the toxic influence of the disease upon the functions or even structure of the liver. As a rule, however, the change is less marked. The skin is pale

and has a yellowish cast. The color is principally caused by the anæmia which has been induced by saturation of the system with marsh-poison. Malaria also gives rise to diffuse patches of discoloration. Chloasma may likewise have the same origin. In other cases a peculiar grayish or ash-colored hue of the surface is observed.

Amyloid Degeneration.—Amyloid disease is produced by chronic suppuration and by certain chronic toxæmias, as syphilis, malaria, and neoplastic formations. This peculiar form of degeneration may take place in any organ, but is most frequent in the liver, spleen, kidneys, lymphatic glands, and intestines. Amyloid material embarrasses the circulation, nutrition, and function of the organ or organs in which it may be deposited. Its general symptoms, therefore, vary according to its situation. The manifestations produced by lardaceous matter are superadded to those of the cause which gave it birth. A notable waxy appearance is communicated to the skin by amyloid disease.

When the alteration attacks the liver it gives rise to a brownish discoloration of the general surface. To trace the progress of amyloid change in the principal organs of the body and discuss their symptoms would at present consume too much time.

Exophthalmic Goitre.—Graves's disease is generally accompanied by a well-marked anæmia, which communicates its characteristic pallor to the skin and mucous membranes. In some cases, however, a more distinct variation of the normal pigmentation is encountered. Discolored patches, resembling those of chloasma, may occur. The affected spots are smooth, they may be round or of irregular form, and, in some instances, they are dark brown or are almost black in hue. Cases of exophthalmic goitre have been reported in which spots of vitiligo appeared upon various parts of the body.

Addison's Disease.—A dark discoloration or bronzing is distinctive of this affection. The pigmentation takes place upon various portions of the body, but is most common upon the face, neck, upper extremities, axillæ, around the navel, and upon the penis and scrotum. The tint varies from amber to dark brown, and the skin may become as dark as that of a mulatto. Marked anæmia is likewise present from an early stage of the malady,

though it may be masked by the bronze pigmentation. In the beginning the face, conjunctivæ, and buccal mucous membrane are pallid. As the case progresses the mucous membranes may also become darkened, though this is rather an exceptional event.

The symptoms of Addison's disease are: loss of appetite, failure of digestion, progressive debility, attacks of faintness, dyspnoea, and palpitation. Nausea, vomiting, epigastric pain, and constipation are also observed. Along with the generalized pigmentation, spots of vitiligo have been seen in certain rare cases. As the strength declines some œdema may occur about the ankles, the patient is compelled to take to bed, the mind wanders, and the sufferer is only released by death. It is remarkable that during this course there is but little emaciation; the muscles become flabby, but do not appreciably waste. According to the observation of Dr. Addison, in fact, the malady is apt to attack persons of large frame with a tendency to the accumulation of fat. The disease occurs in both sexes, and, as a rule, does not develop until middle age has been reached.

When the characteristic bronzing is present, it, in conjunction with the constitutional symptoms, renders the diagnosis plain. The coloration is distinct from that of chlorosis, jaundice, or argyria. If pigmentation has not yet occurred, the disease might be mistaken for a simple anæmia. Its progressive course, however, should excite suspicion, especially in the absence of any history pointing to a primary anæmia. From leukæmia and pseudoleukæmia the early stage of Addison's disease is diagnosed by the absence of glandular and splenic enlargements.

The pathogenesis of this affection was formerly referred to lesion of the suprarenal capsule. In many instances it was found that those bodies were the seat of a tubercular process, had undergone degeneration, or had given origin to a new growth. The adrenals are not always implicated in undoubted cases accompanied with bronzing. On the other hand, the suprarenal capsules may be diseased and yet no pigmentation occur. Later study, however, refers the origin of the disorder to lesion of the solar plexus or cœliac ganglion, with which the suprarenal bodies are closely connected, and regards disease of the latter organs as secondary to an affection of the ab-

dominal sympathetic. Certain it is that in some cases pathological changes are found in the nervous structures and not in the suprarenal capsules.

Leprosy.—Deviations from the normal type of pigmentation occur in lepra, but forms such an unimportant part of this severe malady that I shall not dwell upon it at any length in this place. I mention leprosy chiefly in regard to diagnosis. An early recognition of the malady is important upon every ground. Advanced cases present such a characteristic appearance that it is scarcely possible to make a mistake. It is quite different in the first stages of this very chronic malady, and especially in countries in which only occasional and imported cases are encountered.

The macules of leprosy are smooth and firm to the touch, of irregular outline, which is sometimes sharp and at others fades imperceptibly into the surrounding unaffected skin. They have a glistening appearance and vary in color from pale red to dark brown or black. Sometimes they have a livid hue. At first level with the adjacent skin, they soon become elevated. The skin over the lesions is uniformly discolored. As the deposit accumulates the macules are converted into nodules or tubercles. The tubercles differ considerably in size. Some are as small as a split pea, while others are as large as a walnut or even attain greater dimensions. In color they are, for the most part, of a brown or dark red. Dilatation of the cutaneous capillaries gives an arborescent appearance to their surface. They are hard but elastic to the touch. If, as occasionally happens, the lesions disappear by absorption, they leave behind an atrophied and pigmented spot. The almost invariable course is, however, for the tubercles sooner or later to ulcerate. The nodules, and more especially the ulcers, taken in connection with the constitutional symptoms, place the diagnosis beyond doubt.

Patches of discoloration and other anomalies of pigmentation are sometimes observed in the early period of anæsthetic leprosy. In the anæsthetic variety the first cutaneous manifestation may be a patch, which is at first of a reddish hue, but subsequently becomes pigmented or, on the contrary, loses all color. It may, again, be pigmented from the beginning, and attended or not by consecutive atrophy of the skin.

Prior to the development of lesions upon the skin the symptoms are of so general and indefinite a character that their significance can easily be overlooked. This is especially true with regard to countries in which the disease does not prevail as an endemic, and by physicians not familiar with the natural history of the disorder. The Japanese attribute much importance to a deep flushing, or lividity, of the face after the ingestion, however moderate, of alcoholic beverages. The recurrence of febrile attacks and bullæ should also place us upon our guard. The macules and tubercles of lepra are larger and more irregular in shape and distribution than those of syphilis. The former exhibit, moreover, a different coloration from that of the latter malady. The evolution of the leprosy is slower than that of the syphilitic tubercle, and the former is often anæsthetic. The lesions of leprosy differ from those of lupus vulgaris in being more disseminated, and by the perversions of sensibility by which they are accompanied. Though patches of morphea may bear a resemblance to those of lepra, sensibility is not disturbed in the former affection, which, moreover, is unattended by the constitutional symptoms of leprosy. In vitiligo the general health is unaffected and sensibility of the diseased skin is unimpaired. In case of doubt the difficulty may be settled by examination of the blood and tissues for the bacillus of Hansen.

Syphilis.—In addition to the copper-colored syphilides with which every practitioner is familiar, a pigmented lesion is sometimes met with in the course of the secondary stage. It generally appears during the first year. It occurs in the form of round, oval, or irregular spots, varying in color from dark gray to yellowish brown. Sometimes the color is so faint that the spots can only be detected when viewed obliquely in a strong light. The size of the spots varies from that of a pea to an inch or more in extent, and they may even be as large as the palm of the hand. Adjacent spots sometimes coalesce. The discoloration is unaffected by pressure. Their usual sites are the face and neck, but they also occur upon the trunk and extremities. In a second form the pigment is irregularly arranged rather than increased. Spots of a pallid hue are surrounded by a dark margin. This variety is most frequent upon the sides of the neck. In

some cases the contrast of white and pigmented areas gives a dappled appearance to the skin. In others the white skin preponderates and a retiform or lace-like configuration is produced. The pigmentary syphilide is smooth and is not elevated above the general level of the surface. It occurs more frequently in women, and is unaccompanied by any subjective symptoms. Its course is chronic and uninfluenced by anti-syphilitic treatment. The affection seems, indeed, to be a chloasma induced by the syphilitic virus. The lesions eventually disappear and may leave no trace behind, or the pigment may be entirely absorbed and a spot resembling vitiligo remain.

Carcinoma.—A peculiar sallow and cadaverous hue is acquired during the progress of cancer, and may be apparent before there is any considerable degree of lymphatic involvement. The color of the skin represents changes in the constitution of the blood. The red cells are diminished; the white corpuscles are increased in proportion if not in number. The blood becomes more strongly alkaline. An augmented destruction of albumin occurs independent of the nature and quantity of the food consumed. Muscular tissue and parenchymatous organs undergo fatty degeneration. Excrementitious principles, the products of tissue metabolism, accumulate in the blood and give rise to auto-intoxication.

Melanosis.—A pigmented variety of carcinoma occurs principally in the eye and upon the skin, though it may attack the viscera. Secondary deposits are met with in every tissue and organ. The distribution of melanotic tubercles is, in some cases, very general and the number very large. The pigment-material, or melanin, is of a dark-brown or black color, albuminous and carbonized. The pigment-cells are inclosed in the fibrous alveoli. The deterioration of the blood is shown by the sallowness of the skin in every place except at the seat of pigmentation. Primary melanotic carcinoma generally attacks the hands, feet, and genitalia.

Sarcoma may also be accompanied by a deposit of melanin. Melanotic sarcoma, like the same form of carcinoma, usually occurs in the eye and upon the skin. Secondly, it spreads widely throughout the organism. As a primary growth it generally appears upon the same regions as the corresponding variety of carcinoma. The melanin is deposited both

in and between the cells. Both carcinoma and sarcoma are especially malignant when accompanied by pigmentation.

Leukæmia.—The disease may occur at any age, though it is most frequent in middle life. Neither sex is exempt, but males are most frequently attacked. In the beginning of its course there is shortness of breath, with debility; the appetite is poor and digestion weak. Headache, fever, and diarrhoea are other common manifestations. The skin is very pale and, as the malady progresses, the surface assumes a light-yellow shade, which is very characteristic. The lymphatic glands and spleen become enlarged, dropsical effusions take place, and hæmorrhages occur. There is an immense increase in the proportion between the white and red corpuscles of the blood, so that the color of the fluid is pinkish, light chocolate, or even streaked with white. The total of cells, including both white and red, present in the blood, is markedly reduced. The quantity of hæmoglobin is lessened. The alterations in the blood are dependent upon disease of the blood-forming organs,—the medulla of bones, the spleen, and the lymphatic glands.

The spleen becomes enlarged and hardened, the lymphatic glands hyperplastic, and the marrow of the bones may revert to the embryonic type. The thymus gland and the liver are sometimes enlarged.

An absolute diagnosis may be made by means of a microscopical examination of the blood.

Pseudoleukæmia.—This affection, known also as Hodgkin's disease, is characterized by dyspnoea, debility, pallor, irregular febrile paroxysms, enlarged glands, and secondary symptoms referable to pressure of the glands upon surrounding parts. Bronzing of the skin sometimes occurs when the abdominal glands are augmented in volume. No age or sex is exempt, but the disease principally attacks males.

The lymphatic glands and the spleen are the seat of hyperplasia. The spleen, however, does not become as large as in true leukæmia. In some instances it is free from change. Alterations may likewise take place in the bone-marrow. The blood is pale and, as a rule, the red corpuscles and hæmoglobin are diminished. The chief diagnostic points are the general lymphatic involvement and the

absence of an increased proportion of white cells.

Morbus Cæruleus.—In cyanosis the blood is overladen with carbonic acid and deficient in oxygen. The discoloration of the skin varies, according to the gravity of the anatomical lesion present, from darkness to deep purple, or almost black. The lividity is especially marked upon the face, fingers, and toes, and upon mucous surfaces. It is increased by physical exercise or mental excitement. Under these circumstances, also, there is palpitation and intermittent action of the heart, with dyspnoea. The symptoms are diminished by repose of body and mind. The temperature is subnormal. The cerebral functions are generally well performed. There is a tendency to hæmorrhages. Dropsical effusions may accumulate as the case nears a fatal termination. Cyanosis is more common in males than in females. In some cases it does not develop until after a severe attack of some acute disease or after extreme exertion, which has brought an unusual strain upon the organs of the circulation. Most patients die at an early age. Life may be prolonged until the fortieth year. The mortality depends principally upon the nature of the lesion, but, to a certain degree, also, upon the development of intercurrent affections, whooping-cough being especially dangerous. The most frequent modes of death are by dyspnoea, hæmorrhages, convulsions, and coma.

The cause of morbus cæruleus is, in the vast majority of cases, some malformation of the heart and great vessels. Various forms of faulty development have been found. The most frequent is absence or serious obstruction of the pulmonary artery. In exceptional cases extreme compression or obliteration of pulmonary tissue is the origin of cyanosis. The patients are often pigeon-breasted. Associated with the obstructive lesions of the vascular apparatus orifices are usually found in the septa, between the two sides of the heart. Partial compensation is afforded by permanency and dilatation of the ductus arteriosus and enlargement of the bronchial arteries. Other vessels are enlarged, as, for instance, branches penetrating the chest and lungs, and derived from those ramifying upon the walls of the chest.

Argyria.—The long-continued administration of silver salts, especially the nitrate, results in a deposit of the metal or its albuminate

in the skin, mucous membrane, and internal organs. The discoloration of the skin is, at least in the vast majority of cases, permanent, and uninfluenced by any treatment. The shade varies from gray to a bluish bronze or blackish. The pigmentation occurs most frequently and is deeper upon those parts exposed to the light, as the face and hands. The first signs observed are a bluish line upon the gums and discoloration of the ocular conjunctiva. The metal is also deposited in a granular form in internal organs, as the kidneys and intestine.

Arsenical Pigmentation.—The prolonged administration of arsenic may give rise to discoloration of the skin. The alterations may be localized or diffuse. When it has been given on account of a chronic disease of the skin the pigmentation is apt to concentrate itself especially in the neighborhood of the lesions. If, under such circumstances, doubt remain as to the origin of the discoloration, examination of the urine will reveal the presence of arsenic.

A number of local diseases are attended by irregularities in the distribution of pigment. Some of these are excited by the operation of external causes, and are free from any constitutional manifestations. Others originate in constitutional conditions, and are accompanied by more or less deterioration of the general health.

Lentigo.—One of the simplest of the local affections is freckles. These spots are most common upon the face, the dorsal surface of the forearms, and upon the hands. They usually appear, in other words, upon those parts which are uncovered and exposed to the action of the atmosphere. They are not, however, confined exclusively to those situations, since they sometimes develop upon the penis and the buttocks. The color of the spots exhibits considerable variation, ranging in shade from light yellow to a yellowish brown or black. Freckles are irregular in shape, being, as a rule, roundish. Some are as small as a pin's head, while others attain the size of a small pea. They may be sparsely distributed upon the skin, or they may be present in great numbers, when adjacent spots show a tendency to coalesce. Lentigo is more frequent in light-complected individuals, especially those having red hair, though it is by no means confined to blondes. They occur also in brunettes and mulattoes. Freckles do not usually make their

appearance prior to the third year of life, but after that period they are common at any age and in either sex. They are more prominent in warm weather, and may nearly or entirely disappear in the winter, to return in the following summer. It is not unusual, however, for them to retain their color unchanged through all the fluctuations of the seasons. Freckles persist for many years, but tend to permanently disappear with advancing age. They give rise to no symptoms. Their origin is purely local, and due to the action of heat, especially that of the sun and the high winds of spring and autumn. The pigment is deposited in the rete mucosum.

Chloasma.—Smooth patches of pigmentation, essentially similar to lentigo, except as regards size, appear upon the integument in consequence of external irritation or internal disorders. The spots of chloasma are of variable size and shape, some being roundish and others of irregular contour. Their margins are generally well defined. The lesions exhibit different shades, some being of a yellow hue, while others are brown or black. The blackish pigmentation is also known as melasma or melanoderma. The external causes of chloasma are those which cause a prolonged and habitual determination of blood to the integument. The contact of heat, from the rays of the sun or from hot fires, occasions chloasma. The opposite condition may be equally effective, and high winds and frost-bites may be followed by the same results. Scratching, due to chronic skin diseases, is often followed by pigmentation; so that we encounter patches of chloasma in consequence of chronic eczema or urticaria, in old cases of scabies, and phthei-riasis. The pressure or friction from articles of clothing, such as garters, corsets, belts, hats, bonnets, and shoes may excite chloasma. A truss may have the same effect. Wounds and contusions may produce the same effect. A number of irritant drugs, when frequently applied to the skin, are followed by patches of pigmentation. Mustard, iodine, cantharides, turpentine, nitrate of silver, chrysarobin, and picric acid may give rise to more or less permanent and well-marked discoloration. Diseases of the skin and systemic maladies which produce congestion of the cutaneous blood-vessels sometimes give rise to chloasma. Scleroderma, morphea, and erysipelas may give rise to chloasma, and I have seen the pigment-

ary affection follow measles. It may accompany senile atrophy and may also be produced by intense mental excitement and by many nervous diseases. Chloasma may be symptomatic of tuberculosis, cancer, syphilis, and malaria. The pigmentation may be circumscribed or diffuse. It generally occurs most prominently upon parts which have a natural tendency to deepness of color, as the face, dorsum of the hands, axillæ, nipples, and genitalia. It is very apt to occur in connection with disorders of the female sexual apparatus and with pregnancy. This last variety is specially described under the title of chloasma uterinum. In this form of the affection the discoloration is particularly marked in brunettes, and occurs upon the forehead and nipples more frequently than upon other regions of the surface. The patches are well defined in some cases; in others they are obscure. Except for the pigmentation the affected part is, as a rule, smooth and normal, but seborrhœa co-exists in some instances. In pregnancy chloasma is apt to be very diffuse.

The naked-eye appearance of chloasma bears a resemblance to that of tinea versicolor. The latter affection, however, gives rise to numerous patches which generally spare the face, while in chloasma the countenance is usually invaded. The lesions of chloasma are smooth upon the surface, but those of tinea are slightly elevated and are furfuraceous. The patches of chloasma spread slowly and are unaccompanied by itching; those of tinea develop with some rapidity and usually give rise to itching. Chloasma affects the mucous and tinea the horny layer of the epidermis. Finally, when a scale is detached from a surface which is the seat of tinea, the spores and mycelium of microsporon furfur can be demonstrated under the microscope.

Stria Atrophica.—Atrophic lines and spots, of various shapes and size, occur in consequence of slight or complete distension of the superficial rhomboidal bundles of connective tissue. The corium is thinned, the papillæ obliterated, the glands of the skin atrophied, the blood-vessels few and contracted, the fat-cells absent, the connective and elastic tissues diminished, the rete mucosum and other layers of the epidermis atrophied. Any cause which strongly distends the skin will produce these lesions. The most frequent cause is pregnancy, but the pressure of abdominal or other growths

may occasion the same result. Ascites, obesity, and flatulence sometimes have the same effect upon the skin. Excessive tension of the mammary glands during lactation may also occasion atrophic lines.

These cicatriform lesions occur in the form of lines, streaks, spots, or furrows, of a glistening-white appearance, more or less depressed below the general level. The spots are round, oval, or irregular in outline, and vary from the size of a pin's head to that of a finger-nail. The lines and furrows vary in length, breadth, and depth. A neurotic form has been observed in which they are developed along the course of one or more of the peripheral nerves.

Albinismus.—Albinism, or congenital leucoderma, may affect individuals of any race. The pigment of the skin is absent either over the whole body or in certain parts. Other colored tissues, as the hair, iris, and choroid, are likewise more or less deficient in pigment. The skin is of a milky-white hue; the hair, which is soft and fine, is of a white or yellowish-white color; the eyes of a pinkish-white shade and very sensitive to the light. Partial albinism is more common in the dark races, though they are not exclusively so affected. The patches, of irregular shape, size, and distribution, may exist on any portion of the body. Occasionally they are symmetrically arranged along the course of certain cutaneous nerves. In this variety the hairs which spring from the patches are generally white, but the eyes are not implicated. In exceptional cases it has happened that the pigment has been redeposited in the white spots and that the skin has resumed a normal appearance.

Vitiligo.—In this affection white, smooth patches develop upon various parts of the skin. The margins of these spots are abnormally yellowish or dark. The spots vary in size; they are, as a rule, of a rounded or oval outline, but may be irregular or angular. The gradual extension and coalescence of neighboring spots may at length involve large territories of the surface. The color of the lesions is a milky or pinkish white. Hairs which grow from the white patches are generally colorless, though they may be pigmented. The spots are on a level with the surrounding skin. They are smooth, their sensibility is intact, and they are the seat of no itching or pain. The glands of the affected patches are in no way altered. Vitiligo generally de-

velops upon the forehead, the scalp, the trunk, and the backs of the hands.

A superficial resemblance exists between vitiligo, morphœa, and leprosy. The white spots of morphœa; however, are attended by structural changes. In leprosy the patches are usually anæsthetic; they are infiltrated and elevated above the surrounding surface. In vitiligo the only change in the skin is deprivation of pigment.

Morphœa.—This chronic disease of the integument gives rise to spots, lines, bands, or patches exhibiting a variation of color, according to their stage of development. The lesions may appear upon any part of the body, but most frequently attack the face, neck, trunk, arms, and thighs. They may be very irregularly distributed or may follow the course of certain nerves. The lesions do not, as a rule, give rise to pain. In the beginning of the malady the spots, which may be round, oval, or elongated in form, are of a pink or violet color. They enlarge and neighboring spots may coalesce, attaining the size of a hand. The lesions are surrounded by an areola composed of a net-work of capillaries, and also of a pink or violet color. Capillaries may likewise, in some cases, be discerned upon the surface of the lesions. At this stage there is some swelling and elevation of the affected skin. Subsequently the elevation subsides, the lesion sinks to the general level, or is even depressed. The surface is usually smooth, and its color has been compared to that of ivory, wax, marble, or alabaster. It looks as if a piece of lard or bacon had been imbedded in the skin. The same appearance has also been detected upon the inner side of the lips and in the pharynx. Sensibility is not disturbed in the early stage of the disease, though it is apt, as the case progresses, to be diminished. The surface is firm and inelastic to the touch, and can be pinched up with difficulty. Spontaneous involution of the lesions sometimes occurs. In other cases the patches eventually undergo atrophy, become dry and parchment-like, and may be bound down to the subcutaneous tissues. The glands of the affected skin become atrophied. At length the subcutaneous and muscular tissues atrophy, and irregular cicatrix-form lesions with deformity and loss of power result. In a second form small, pitted scars appear, either grouped or scattered, mixed with capillaries and white atrophic spots and

furrows. Reddish or purplish telangiectases may also be present, together with more or less yellowish or brownish discoloration around the patches. This form of lesion may also undergo retrogression, or may assume the lardaceous condition already described.

A resemblance exists between the lesions of morphœa and those of lepra. Those of morphœa are not anæsthetic or waxen from an early stage.

The cause of morphœa is unknown, but it probably depends upon obscure derangements of the nervous system. Morphœa occurs at all ages, in the strong as well as the weak, but is most frequent in women.

Scleroderma.—This malady usually begins with a sensation of slight stiffness or hardness in some portion of the skin. In rare instances there is a feeling of numbness or formication in the part, attended with swelling, while chills and fever occur as constitutional manifestations. The course of the disease may be acute or chronic. The rigidity increases rapidly or tardily, according to the nature of the case. The affection is most frequent upon the upper extremities, though it may occur upon any part of the body. At times the lesions are broad and diffuse, or, again, they may assume the form of narrow bands. The affected skin is thick, rigid, hard, and cold, and has been aptly likened to that of a frozen corpse. There is no sharp line of limitation between the diseased and surrounding healthy skin, but the former merges gradually into the latter. The lesions are swollen, moderately elevated or shrunken, smooth, pale, and waxen in color, with here and there brownish red or pigmented spots and sometimes slight or well-marked hypertrophy of the papillæ. Similar alterations occur upon mucous membranes, especially around the mouth and vagina. Implication of the external genitalia is most frequent at about the time of the menopause. The entrance to the vagina becomes gradually constricted. In scleroderma the skin becomes firmly attached to and immovable upon the underlying tissue. When the face is the seat of disease the features become curiously altered, expressionless, rigid, and immovable. The eyes seemed diminished in size, the wings of the nose stretched, and the mouth contracted. This appearance has been termed the "sclerodermic mask." If the integument of the neck is involved, the

head can only be moved with difficulty. When the fingers are the seat of disease they become semiflexed, and their movements are embarrassed. The skin becomes atrophied, smooth, and attached to the phalangeal bones. The bones eventually undergo absorption *in situ*, and the finger-ends are slender and conical. The nails are atrophied and deformed.

The surface-temperature may be normal or may be slightly depressed. The secretions may be natural, but are usually modified, sometimes being increased and sometimes diminished. Sensibility is at first unaltered, but may be slightly lessened as the disease progresses. The atrophied and contracted skin of the later stages produce a curious, hide-bound feeling; some cases are attended by violent neuralgia, and pressure upon the lesions often excites acute pain.

The general health, as a rule, is unaffected in scleroderma. In some cases disease of the lungs, heart, or kidneys has developed. In rare instances involution takes place, and the hardened and discolored skin returns to the normal condition. In other cases the affected tissue undergoes atrophic degeneration. The skin becomes thin, milky white, red, or pigmented, and eventually ulcerated. In chronic cases loss of sleep and pain gradually wear out the strength, and the patient dies exhausted.

The only disease with which scleroderma is likely to be confounded is morphœa. Scleroderma commences with a stiffening and hardening of the skin in certain situations. Morphœa begins in a soft, small, reddish or purplish spot. The margins of scleroderma are not sharply defined, but pass gradually into the surrounding skin. The limits of morphœa are indicated by the presence of a purplish border. The skin in scleroderma is hard and immovable; in morphœa it is soft, and can be pinched up into folds. Irregular pigmentation is seen in scleroderma. Morphœa is characterized by a dull, ashen hue. Contraction of the skin usually takes place in scleroderma, but is rare in morphœa.

The leading point in the pathology of scleroderma is the increase, with subsequent contraction, of the connective tissue both of the corium and the layer upon which it rests. The muscular tissue may undergo a similar change. Shrinkage of the fibrous tissue produces vari-

ous nutritive disturbances. The glands of the skin waste during the atrophic stage.

Scleroderma is a rare disease, is more common among women, may occur at any age, and its etiology is obscure. In some cases it has been associated with organic disease of the peripheral or central nervous system.

Tinea Versicolor.—The development of the microsporon furfur gives rise to pigmented spots and patches. The lesions are at first small, round or oval, pinkish or yellowish in color. Subsequently they enlarge, the color deepens to a brown or sometimes black, and the affected surface becomes covered with fine, branny scales, which are easily detached. The chest and shoulders are the favorite sites of this disease, which may also invade other portions of the trunk, the arms, and thighs, but seldom or never appear upon the face or hands. The spots may be few and small or so numerous as nearly to cover the surface of the chest or abdomen. Adjacent spots often coalesce. Tinea versicolor is seldom observed in young children or in old people. It is most common between the 20th and 40th years of life. Itching may or may not be present, but is not generally a prominent symptom. This disease is more frequent in persons having a harsh skin than in those whose integument is soft and delicate.

Nævus Pigmentosus.—Pigmented nævi may be flat or raised. The surface may be smooth or rough and warty. They may or may not be covered with hair. The pigmentary deposit may or may not be accompanied by hypertrophy of the connective tissue. The color varies from yellow to brown or blackish. The lesion may be single or multiple and may appear upon any portion of the integument, but is most frequent upon the face, neck, and back. Pigmented moles are generally of slow growth, but sometimes they increase rapidly and attain large dimensions.

Xanthoma.—This disease appears in two forms, the plane and the tuberous. Xanthoma planum consists of flat patches, smooth to the touch, of various shapes and sizes. They are situated in the corium, and are of a yellow tint, which has been compared to that of chamois-leather. Exceptionally the spot is slightly elevated above the surrounding skin. The lesions are generally rounded or elongated, and the size ranges from that of a pin's head to that of a pea. After reaching a certain size

they remain without further change. Their most common situation is upon the upper eyelid, though they may appear upon other portions of the face. Neighboring spots may coalesce. Xanthoma sometimes develops upon the mucous membranes. Xanthoma tuberosum occurs in the form of papules or tubercles, generally roundish in shape, the size being about the same as that of the lesions of the plane variety. Tuberos xanthoma is most frequent upon the neck, trunk, and extremities. Sometimes both varieties of the disease co-exist upon different parts of the body.

Though xanthoma may occur at any age, it is, as a rule, an affection of middle or advanced life. It most often begins as the plane variety, located at the inner canthus of the eyelids. It is more frequent in women than in men. The lesions are generally remarkable for chronicity, but cases have been observed in which the development was rapid, the lesions exceedingly numerous and accompanied by icterus and pruritus.

The diagnosis should present no difficulty. Milium, when it appears upon the face and is of a yellowish hue, may simulate xanthoma. The sebaceous contents of milium can be expressed. Pressure upon xanthomatous spots is either entirely without result or is followed by the escape of a little bloody serum.

Xanthoma depends upon a chronic hyperplasia of the deeper layer of the cutis. In consequence there is an increase of connective tissue, which, on the one hand, may be converted into fatty tissue, or, on the other, may undergo fatty degeneration.

Xanthoma is sometimes hereditary. In other cases it is associated with hepatic affections. Jaundice often occurs prior to or during the course of the malady. In many cases, however, there is no indication of disease of the liver. Diabetes and gout are sometimes accompanied by xanthoma. Diabetic xanthoma is said to be apt to locate itself in the mouth.

Xeroderma Pigmentosum.—The first manifestation of xeroderma pigmentosum occurs in the form of small spots which resemble freckles. These spots appear upon the face, neck, trunk, and extremities. They are small, scattered, and isolated. They are of a yellowish, brownish, or blackish color. The deposit of pigment is preceded by erythematous spots. The erythema lasts for several months before pig-

mentation occurs. The pigmented spots vary from the size of a pin's head to that of a lentil. At about the same time that the discoloration takes place, or soon afterward, red spots make their appearance between or upon the primary lesions. The red spots indicate the presence of telangiectasis. At the end of about a year from the outbreak of the disease atrophic changes begin. The skin may become as thin as parchment and the cutaneous glands are destroyed. In advanced cases much disfigurement may be present. Incomplete stenosis of the nostrils and mouth is apt to occur. When atrophy is complete no further deposit of pigment takes place. Xeroderma pigmentosum leads to the formation of epithelial neoplasms. These may loosen and fall off or they may assume a malignant type. Malignant growths have developed in more than one-third of the reported cases.

Xeroderma pigmentosum has, in most cases, developed during infancy or early childhood. The lesions are first observed upon the face and under the eyes. Its progress is slow. The general health may remain for a long time unimpaired. In both the hypertrophic and atrophic stages, the disease may remain for a considerable period in abeyance, after which an exacerbation occurs. No permanent amelioration results. The greatest tendency to the development of malignant new growths is under the tenth year, although there is not much variation until the twentieth year. After that time the development of malignancy seems to be less usual.

“LIQUOR SEDANS R 2 WITHOUT SUGAR.”

By JOHN ASHBURTON CUTTER, M.D., B.Sc.,
NEW YORK.

PAIN is one of man's greatest friends as a means of warning of disease; also pain kills if plenty of it. Patients sick of some acute diseases get well when given morphine to cover their pain and allow nature a chance to control the abnormal action; but morphine given in some stages of pneumonia to control pain only masks the true condition, allays anxiety, and the disease marches on to the death of its host.

Pain in chronic disease is a hard foe to the physician and patient; morphine to control it only prevents the employment of rational

means of cure, to wit., the stopping of causes. Yet pain must be prevented. From my personal experience I can testify that Parke, Davis & Co.'s Liquor Sedans is an exceedingly valuable aid to the medical man; composed of viburnum prun., golden seal, and Jamaica dog wood, it is a tonic, a sedative, and anodyne. As originally made, sugar was employed; at my suggestion last summer half a gallon of Liquor Sedans without sugar was made up by the firm for personal test with patients. It was feared that it would be unpalatable; the result was the opposite; where the original preparation with its sugar would cloy the taste, the one without did not. Moreover, in cases of fatty and fibroid degeneration, in rheumatism, where one wishes to prevent acetic-acid fermentation, and in consumption, where again acetic-acid fermentation is a *bête noire* of the clinician, preparation No. 2, without sugar, can be employed when desired as tonic, sedative, and anodyne. One of the worst conditions the physician meets who conscientiously endeavors to stop the course of chronic disease is the complication of uterine disease and tuberculosis; Liquor Sedans was originally gotten up for cases of pelvic disease, but its employment in this dreadful combination of tubercle and uterine disease is indicated and will be of value. Cases of neurasthenia in men suffering much from pain caused by profuse protoplasmic colloid discharges in urine (E. Cutter) are helped by this preparation No. 2. This preparation is a good anodyne in cancerous cases. I also believe that much of the surgery done to-day for aching, suffering women would be prevented if medical men would use this standard preparation, and I advise the No. 2 without sugar in all prescriptions of Liquor Sedans. A woman with a pelvic abscess needs surgery through the abdominal walls or vagina or rectum; but because an ovary is sore and somewhat degenerated in structure, or the womb is enlarged, the knife should not be always employed. One case that particularly arrests my attention now is of a young woman who had borne three children; extensive laceration of the perineum; womb enlarged; sensitive to touch with finger, and especially to internal exploration; subject to spells of unconsciousness and rigidity of body; pain in back, pelvis, and head; dysmenorrhœa; very sensitive to medicine of any nature; was able to take Liquor Sedans in small doses; became

pregnant and bore healthy child at full term, November, 1894, six years after the birth of the previous one; a child was desired in this family, as her oldest boy and her only daughter had died in 1891, of diphtheria.

HEARTREST SANATORY:
OFFICES, EQUITABLE BUILDING, NEW YORK.

CARLSBAD.

By EMIL SCHNEE, M.D.

CARLSBAD! Who has not heard of this highly-celebrated sanitarium, which, like a rose in full bloom, adorns with its beauty and charm the breast of Austria? It is a place of resort for invalids from all portions of the civilized world, and is truly an international sanitarium from the comprehensive scope of its advantages. At the Sprudel, the Schlossbrunnen, or the Mühlbrunnen we meet with the maharajah from Sahara, the skipper from Copenhagen, the landlord from Chicago, the adjutant of King Humbert, the master-tailor from Zittau, the gold-mine owner from Tomsk, the avaricious Mynheer from Sumatra, and high German imperial officers. In the course of a season, also, various princes resort to this place. Among the illustrious visitors of last year were: the King of Holland, the Empress Elizabeth, the Empress Eugenie, King Milan, and numerous other potentates who have again and again repaired to Carlsbad for the benefit of health. The springs have, likewise, for long been a resort of the poets. I do not refer to those fine fellows who, after a few morning-draughts from the Sprudel, fall to verse-making as they take their ease in the popular resorts. I mean genuinely inspired poets. A whole galaxy of brilliant names is connected with Carlsbad, beginning with Gellert, including the illustrious Goethe, who shines resplendent as a meteor and who visited Carlsbad fourteen times, and ending with a number of our modern poets.

From drinking the Sprudel, from listening to the murmur of the springs, from watching or joining in the leisurely movement of the great world of fashion in Carlsbad—all in all, from the practice of a systematic Carlsbad cure under the experienced management of a careful physician, the most excellent results are obtained and have rendered the name Carlsbad gracious all over the world.

Nature has been so generous to this spot that not much remained for man to add.

What could be done, however, has been accomplished with loving care and admirable taste. From the walks through the dusky woods one sees all around the beauty of a park. What park is so fine, so rich, so extensive as this, which from the deep valley of the Tepel stretches upward to the "Stag's Leap" and loftier heights. The wonderful improvements as regards new buildings and institutions which Carlsbad has made, especially in the last two years, is well known. All diseases are favorably influenced at this resort. Nor can the medical practitioner at the springs afford to be unprogressive. An experience of twenty years has taught me that the Carlsbad Springs, in association with appropriate medicaments, are capable of producing more powerful effects than had hitherto been thought possible.

Thus, in my work on "Diabetes," which, in German, is published by the *Suddeutsche-Verlags Institute*, in Stuttgart; in English, by P. Blakiston, Son & Company, of Walnut Street, Philadelphia, and H. K. Lewis, 136 Gower Street, W. C., London, England; and in French, by G. Masson Libraire, 120 Boulevard St. Germain, Paris, I have shown that diabetes is an hereditary, constitutional blood disorder, and that the excretion of sugar should be regarded as only a symptom, since the sugar itself is a normal constituent of the human body which has not been burnt up, and therefore the bodily temperature in this disease ranges far below the normal. By observation of tissue-change effected by the Carlsbad Springs, I have had the opportunity of proving that, in this disease, as large a proportion as 54 to 56 per cent. of the cases are cured, while, until my discovery of the origin of the malady, the proportion of recoveries did not amount to 1 per cent.

By this method of treatment I have also, in cases of secondary syphilis, with manifestations upon the skin and mucous membranes, seen arrest and cure. From a careful examination of the urine in all such cases, I have found an abnormally large excretion of urinary acids and acid salts, the result of a rapid destruction of albuminates and peptones of the blood, and leading to disorders of the skin as a consequence.

Close consideration led me to prescribe in such cases, as in diabetes, a course of Carlsbad water in order to neutralize the acids, and by

alkalinizing the blood to arrest the destruction of albuminates and peptones. This practice is in accord with that of Professor Sigmund, the great syphilographer, and the late Professor Charcot, of Paris. In this connection I will also mention the excellent medicinal virtues of the chromium preparations, and with these, as with the use of sublimate-albuminates, combined with external remedies, I have been able to completely cure the cutaneous manifestations. It is unnecessary here to describe the syphilides. That is a matter of pathological anatomy, while I confine myself to the subject of treatment.

In all the cases mentioned, by the use of the Carlsbad waters, together with the drugs indicated and Turkish and steam baths, I have effected rapid cures through the increased tissue-change. The results have been especially pleasing when the lesions had attacked the hairy scalp, the face, ears, mouth, forehead, nose, elbows, hands, feet, sternum, the genitals, the shin-bones, etc.

The result is equally good in psoriasis, especially of the hairy scalp, with intense itching and threatened loss of the hair. In eczema of all varieties, rubrum, pustulosum, papulosum, and squamosum recovery is prompt, and the same is true as regards acne, furunculosis, pruritus senilis, lupus, and lepra. How difficult the cure of these affections without resort to the Carlsbad waters is well known to all physicians, and especially to those who devote themselves to diseases of the skin. In such cases, as in diabetes, Carlsbad signally promotes tissue-change, and under its influence, assisted by the external use of bromine and sublimate-albuminate, a positive cure is effected.

My own observations during many years, relative to the above-mentioned diseases, are not without confirmation, and Prof. John V. Shoemaker, of Philadelphia, with many others, have found the advantage, in difficult cases in their English practice, of ordering for their patients a course of Carlsbad waters.

CARLSBAD: VILLA SCHNEE.
NICE: HOTEL GRIMALDI.

PROF. ISIDOR SCHNABL, of Prague, has been appointed to the Chair of Ophthalmology in the University of Vienna, vacant by the death of Dr. Ludwig Mauthner, who held the post only about twenty-four hours. Professor Schnabl is a pupil of Jäger's, and was appointed Professor at Innsbruck in 1877, afterward being transferred successively to Graz and Prague.

LARYNGOLOGY AND OTOTOLOGY.

REVIEWED BY

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THE TONSILS AS A MEANS OF PYOGENIC INFECTION.

The presence of streptococci and staphylococci in the crypts of the tonsils has led to the inquiry if through them general suppurative processes may not frequently occur. It is well known that following typhoid fever or pneumonia an osteomyelitis may result, the source of the disease being the typhoid bacillus or the pneumococcus.

The bacterium coli commune is also capable, in diseased conditions of the intestinal walls, of escaping and causing suppurative processes. It is possible, therefore, for germs to enter the blood through the respiratory and alimentary tracts. Garré first pointed out that infection could occur through the skin and mucous membranes. It is conceded that they are able to find lodgment in the skin, but a local inflammation is necessary before they can be carried into the blood through the medium of the lymphatics.

The probable relations between inflammatory affections of the tonsils and diseases of the deep-lying organs has been observed.

Ribbert concludes that the mucous membrane of the mouth is an effective barrier to the entrance of micro-organisms except where the epithelium is not intact, as the tonsil.

Witzel holds that in acute rheumatism of the joints the tonsils may be the point of entrance of the disease. Kaske and Jordan have also attributed osteomyelitis to infection through the tonsils in certain cases.

Upon the basis of experimental investigation of this subject it appears probable that the tonsils play an important rôle as the means of entrance for pus-producing micro organisms, not less important than the alimentary and respiratory tracts. The care of the mouth and throat therefore is not alone of local hygienic importance, but is also desirable as a prophylactic of general disease.—*Pacific Medical Journal*, February, 1895.

MONOCHLORPHENOL IN TUBERCULAR LARYNGITIS.

Thompson (American Medico-Surgical Bulletin, January 15, 1895) states that he has used a 5-per-cent. solution of monochlorophenol locally in a number of cases of tubercular laryngitis with marked benefit. The tubercles are often absorbed without the formation of ulcers; the hoarseness, cough, and difficulty in swallowing are speedily relieved. The author's experience leads him to believe that local applications of monochlorophenol have a specific effect on tubercular tissues, often enabling the sufferers to take proper nourishment, and probably prolonging their lives.

Monochlorophenol is carbolic acid with one of its atoms of hydrogen replaced by chlorine. It is a colorless, volatile, oily liquid, with a rather offensive odor. It mixes with the light petroleum-oils and is freely miscible with glycerin, is irritant in strong solution and may be escharotic, and in weak solution it is anæsthetic and antiseptic.

TUBERCULAR NASAL AFFECTIONS.

Chiari (Archiv für Laryngol.) has recorded several cases of tuberculomata of the nasal mucosa, and considers that these tumors are caused by tubercular infection of small septal wounds. He advises complete extirpation.

Herzog (American Journal of Medical Sciences, December, 1893), in an analysis of 80 cases, remarks that 20 of the cases were probably instances of primary nasal tuberculosis. In 36 of the cases ulceration predominated; in 29 the tumor form of growth appeared; in 8 the condition was a mixed one; in 53 the site of the lesion was the septum nasi (usually the cartilaginous portion), in 11 the lower turbinated body, in 3 the middle turbinate, in 4 the inner side of alæ, and in 4 the floor of the nose.

The majority of the cases occur between the ages of 11 and 40. In appearance the tumors are round in shape, gray or grayish yellow in color, and are prone to bleed. The ulcerations are usually superficial. The treatment should consist in free removal, scraping point of origin, and in cauterizing with acids or a galvano-cautery point.

Farlow (New York Medical Journal, November 4, 1893) advises in such cases curetting and free use of lactic acid.

NON-INFECTIOUS CROUP OF THE NASAL
MUCOUS MEMBRANE.

Schiffers (Journal of Laryngology, January 1894) says the clinical importance of differentiating between non-infectious membranous inflammation and such conditions as nasal diphtheria cannot be overestimated. In the non-infectious inflammatory affections the membranous deposits which are formed are of a whitish-yellow or gray color. In consistence they are tough, opaque, and resistant. Microscopically the membrane is composed of a reticular stroma of fibrin, inclosing in its meshes embryonic cells and white blood-corpuscles. Specific bacilli are absent. This croupous exudation may be produced by a spasm of certain vessels of the nasal mucosa, as the result of some reflex irritation,—*e.g.*, cold acting directly upon the part or upon the surface of the body.

The vasomotor nerves play the essential rôle, there being first of all a spasmodic contraction, followed by paralysis of the vascular walls.

Hypertrophic conditions of the inferior turbinated bodies will at times be a causative factor, as also the too energetic use of the galvano-cautery within the nasal passages.

In certain cases observed by Dektauche the membranous intra-nasal cylinders were produced without the supervision of any such general symptoms as fever, etc. Recurring attacks seem fairly common.

ABSTRACTS.

DISORDERS PRODUCED BY HYPERTROPHY OF
THE FOURTH TONSIL IN AN HYSTERICAL
SUBJECT.

Dr. Villecourt reports the case of a woman, 30 years of age, hysterical since her 16th year, who was suddenly attacked by dyspnoea and suffocation. The patient experienced severe pain at the level of the right greater cornu of the hyoid bone, together with the sensation of a foreign body in the throat. The act of swallowing was very painful. The general condition was good. The mucous membrane of the back part of the dorsum of the tongue was red and granular. Upon the right and left was seen a tumor the size of a haricot-bean, surrounded by numerous granulations. In fine, there existed an hypertrophy

of the fourth tonsil. There was also paresis of the right arm,—a manifestation regarded by the writer as dependent upon the tonsillar hypertrophy, but which the reviewer (Dr. Beausoleil) is disposed to refer to hysteria.—*Revue de Laryngologie*, etc.

NEW INDICATIONS FOR SALIPYRIN.

This compound, so well known in rheumatism and influenza, possesses, according to Professor Mosengeil, of Bonn, decided value in the treatment of catarrhal affections. In the opinion of this writer, a large number of so-called "colds," coryzas, and catarrhs are certainly of infectious origin, although their exciting causes are yet undiscovered. He has found that salipyrin is useful not only in influenza, but also in catarrhal affections unrelated to influenza. In order to succeed, the remedy must be given at the first manifestation of the ailment. The average dose is 15 grains. In chronic nasal catarrh Professor von Mosengeil has had good results from insufflation of powdered salipyrin.

Riedel has drawn attention to the value of this drug in menorrhagia and other menstrual difficulties. The favorable experience of Dr. Zurhelle, in Professor Löhlein's gynæcological clinic at Giessen, has been amply confirmed by the observations of Dr. Keyser. If given in the dose of 15 grains, thrice daily from the date of appearance of the menses, salipyrin is declared to be more efficacious than ergot or hydrastis in reducing both the duration of the period and the quantity of blood passed.—*Wiener Mediz. Blätter*.

THE SUCCESSFUL USE OF GOLD IN TWO CASES
OF NERVOUS DISEASES.

Dr. J. Alexander Wade, of Danbury, Conn., publishes, in the New England Medical Monthly, the details of two cases in which arsenauo was beneficially given. They are of interest from the unusual array of symptoms presented and their long-standing and obstinate refusal to yield to any sort of treatment. The first case was that of a married woman 34 years of age; mother of one child; had been extremely nervous ever since her 14th year of age. There was no menstrual irregularity or disease or reflexes from the uterus or ovaries. Seven years previously she had had an attack of hemiplegia. Since that

time there had been frequent attacks of loss of sensation and hearing. The diagnosis was made of neurasthenia complicated with a severe form of hysteria. The treatment was varied at different times. "Nerve-sedatives were given, such as valerian, asafoetida, sumbul, bromides, chloral, sulfonal, and the like, conjoining them with tonics like iron, arsenic, strychnia, phosphorus, the hypophosphites, etc., in many forms and combinations, while I also attended carefully to the clothing, diet, exercise and amusements, but at best I was only enabled to give my patient temporary relief.

"During the following three months she developed many of the various motor, sensory, and psychical phenomena, such as convulsive seizures with retention of urine, hiccough, vomiting, while a phantom tumor of the abdomen existed associated with flatulent distension of the intestines.

"The sensory phenomena were: loss of sensation on one side, usually the right, though sometimes left; loss of taste, smell, or hearing. At other times there would be extreme hyperæsthesia, with pain in the stomach and exquisitely painful abdomen.

"There was also hysterical clonus, neuro-mimesis, intense pain over the heart, and globus hystericus.

"The psychical phenomena were: lack of will-power, very excitable, easily moved to tears or laughter.

"During the attacks of the greatest severity she would compose readily, music, which was beautiful in its character, though when in her normal condition she did not know one note from another, and could hardly raise a tune. In this state she would repeat long poems, sometimes originating them herself, at other times quoting from the leading authors. A careful examination when in her normal condition revealed the fact that she knew nothing of these performances at the time when they were enacted, she could not make the simplest rhyme, nor did she remember of ever having read any of the many authors whom she so freely quoted.

"About nine months ago, in consultation with Dr. Wile, of this city, in reference to this case, he recommended me to use arsenauro.

"I commenced using it at once, giving my patient 5 drops three times a day, which dose has never been increased.

"The course of this case was uneventful. The improvement was apparent within a week after commencing the remedy, and my patient gained in health, weight, and happiness, and was discharged, cured, about two months ago.

"I have frequently seen her since, and she informs me that there has been no return of any of the symptoms.

"My second case was that of a merchant, Mr. A., aged about 45, father of a family, all in fairly good health. He had long been suffering from tetany, and when I was called in, in August, 1893, I found the patient in a bilateral tonic spasm in both arms and legs.

"In this case the usual remedies were exhausted, including the bromides, chloral, belladonna, hydrochlorate hyoscyamine, etc., with baths, friction, careful attention to diet and secretion, together with baths and friction. The attacks would occur with intervals of from two to six weeks.

"Three months ago I placed my patient on arsenauro, and since that time he has been free from all attacks. He has grown in weight and he tells me he feels decidedly better.

"In this case I commenced with 5 drops three times a day, increasing it to 8 drops.

"This case I have still under my observation, but am certain that arsenauro has given me by far the best results of the many drugs that I have used."

CUTANEOUS ABDOMINAL LYMPHATIC VARICES OF THE ABDOMEN IN THE COURSE OF ALCOHOLIC CIRRHOSIS.

At a meeting of the French Congress of Internal Medicine, M. Hanot, of Paris, remarked that he had observed, in a man suffering from alcoholic cirrhosis, the presence of numerous lymphatic varices of the abdominal wall. The swollen vessels ran, for the most part, transversely, but vertical branches extended, especially upon the left side, as high as the umbilicus. A quantity of their contents was withdrawn and examined. The fluid was clear, limpid, and contained lymph-corpuscles. The condition of the patient grew worse, and paracentesis was practiced. On the following day the lymphatic varices had decreased in volume, and ten days later had entirely vanished. In their place the epiderm had a wrinkled, shiny, and reddish aspect, identical with that of certain striæ abdominales. The speaker had recently met

with another similar case. There was no autopsy in either case. The manifestation was reported on account of its rarity. M. Hanot had found no other reference to the occurrence, and would have passed the first case as a mere coincidence had he not met with a second instance. In the published cases abdominal varices of this kind have been the result of compression by a tumor of the large lymphatic trunks within the abdomen. *A priori*, they might be looked upon as due to compression by the ascites. In the first case the varices were rapidly reduced after tapping. Ascitic compression, however, does not suffice to explain their origin, as they are not found in all cases of ascites. Neither can their occurrence be ascribed to the abundance of the effusion, since that was but of moderate amount. The mode of genesis, therefore, remains to be determined. Is it necessary to suppose some relation between the lymphatic varices and the atrophic lines by which they were accompanied? The speaker's first thought was that there was no such connection, and, again, he was unaware that lymphatic varices had ever been noted as preceding or following the formation of atrophic lines.—*La Tribune Médicale*.

PERITONITIS FROM PERFORATION IN THE COURSE OF TYPHOID FEVER CURED BY RESECTION OF THE BOWEL.

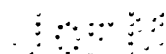
M. Netschaïeff publishes the history of a patient, 25 years of age, who entered the hospital on account of violent abdominal pains, by which he had been attacked the preceding evening. The patient had had a cough for three weeks, but had continued to attend to his work. Upon examination his temperature was 39.4° C. (102.9° F.), the pulse 110, and respiration hurried. There was catarrhal pneumonia in front on the left side, and behind at the right base. Symptoms of peritonitis were present. There was no nausea or vomiting. Micturition was painful, but the urine was free from albumin. A diagnosis of peritonitis from perforation was made. The perforation could not be regarded as due to traumatism. There was no lesion of the cæcal appendix or tuberculosis. It was thought that the man had suffered from walking typhoid fever, and that this was the cause of perforation. Laparotomy was performed by M. Troïanoff, and the perforated loop was resected. The result was

excellent. After the operation the typhoid fever continued its regular course, and terminated by lysis on the nineteenth day after intervention. M. Netschaïeff concludes that in intestinal perforation from typhoid fever it is of advantage to have recourse to laparotomy. The chances of recovery are greater than from an expectant method. The earlier the intervention, the better the prognosis.—*La Médecine Moderne*.

INFANTILE SCORBUTUS.

The following extract is taken from an article by Prof. William C. Hollopeter, of the Medico-Chirurgical College, published in the *Codex Medicus Philadelphise*: "Scurvy evidently has not been recognized as a true American disease. All the literature on the subject is found in books of foreign authors. I do not know of a single American publication on pediatrics which even mentions it. It is a question whether this can be attributed to improved and scientific artificial feeding. I do not doubt the fact that its origin is in some way a fault of nutrition, or our lack of skill in early diagnosing the disorder. We find the disease more frequently in large cities than in the country. The flag it generally waves over the medical attendant is that of acute rachitis, acute rheumatism, or, possibly, purpura hæmorrhagica. It is a disease of the wealthy as well as of the unfortunate dweller in the slums.

"My belief that it is a more frequent disease than American writers are willing to acknowledge or general practitioners recognize is strengthened by the occurrence of two very typical cases in my practice within the last year. Both occurred in families of well-to-do parents who were able to provide ideal living for their children and to comply with the most rigid requirements which the attending physician might exact. The first case was that of a female child aged 8 months. I was called to see the child on account of the prolonged vomiting. I found an excessively white and feeble infant, one which would suggest at once a picture of simple atrophy. The vomited matter seemed to be the contents of the stomach, slightly altered and excessively acid in reaction. At the ninth month the child suffered from an acute attack of diarrhoea, very profuse in character, eight to ten movements a day and large in quantity; this condition continued for one week. During this period the



two central lower incisors appeared. Coincident with the eruption of the lower incisors a slight swelling of the ankle developed, accompanied with considerable pain. The placid child was now transformed into the most violent screamer whenever any one would touch her, or even approach her bed. It was soon learned that the violent screams were provoked whenever any manipulation was made about the feet and legs. Gradually, we found the ankle and the leg above the knee enlarged. The leg became quite deformed by the symmetrical enlargement around the ankle and thigh. The swelling was not accompanied by any local fever or discoloration; the skin had a clear white, slightly-shiny appearance. The enlargement continued until the leg was double the size of its fellow. Some weeks after this a mild form of catarrhal stomatitis was noticed; a slight pink swelling surrounded the lower incisor, which rapidly increased, spreading so as to occupy nearly the whole lower jaw. The swelling of the gums of the lower jaw was unusual; within two weeks the gums extended up and completely covered the teeth, to such an extent that when the jaw would close the gum would be separated by the upper teeth. The swelling was dark red, almost black in color, and would bleed very freely on the slightest touch. After the gums had continued spongy and swollen for a number of weeks, the mother, one morning, noticed that the left eye was enormously swollen, blue-black, and completely closed. A short time after the subsidence of the swelling in the right eyelid the left lid became involved, and, while not so extensively swollen, it still had the extreme dark color.

"Associated with the discoloration of the eyelids, the trunk became invested with petechial spots; slight intestinal hæmorrhages were noticed; nose-bleed was frequent, though not extensive. The duration of the disease was one year, and this long period was consumed by reason of the irritable condition of the gastro intestinal tract. The slightest change in the diet would provoke a sharp attack of diarrhoea. I placed the child on freshly-filtered milk, cream, and boiled water, equal parts, which she failed to digest. I then commenced with peptonized milk, which did well for a short time. Finally I was compelled to resort to equal parts of filtered milk, cream, and boiled water, with the addition

of two teaspoonfuls of Mellin's food to each bottle. This seemed to meet the necessities of the case exactly. Meat-juice, 3j, t. i. d., and a salt bath every day were also ordered. Medicinally, I prescribed 2 grains of the ammoniated citrate of iron in freshly-expressed orange-juice. This was also too irritating to the bowels, but after reducing the dose so that she might receive 1 grain of the iron and a half drachm of the orange-juice twice a day, a marvelously rapid improvement was seen, which soon terminated in complete recovery.

"The second case was that of a boy, aged 6 months. At the time of the mother's first visit to me, the child was very anæmic and listless, suffering from an enlargement of the elbow-joint and the shaft of the humerus. The arm of the child, from the elbow to the shoulder, was twice the size of the other and exceedingly painful. The swelling was accompanied by neither redness nor heat; the skin seemed natural, perhaps slightly whiter than that over the rest of the body. The inspection of the arm itself would not have suggested so much if it had not been for the severe pain. The back of the child was covered with a few slightly-dark pink spots which would not disappear on pressure. The mouth was found to be the seat of a severe grade of catarrhal stomatitis; the gums were swollen and bleeding. The condition of the arm seemed to concern the parents more than anything else, and for that I was consulted. The child could not move, nor would he permit the slightest motion of the body without manifesting the most violent agony."

VACCINAL DERMATOSES.

M. J. Patoir has recently written on this subject. According to his investigations the most frequent are the vaccinal eruptions (erythema roseola), which are subdivided into the erythematous, morbilliform, and scarlatiniform rashes, the papular and the urticated rash. General symptoms are absent or but slightly marked. The prognosis is favorable. Among other vaccinal eruptions he instances miliaria, which is often localized upon the arms, but is sometimes generalized; pemphigus, which appears in sickly and poorly-nourished children; purpura, eczema, psoriasis, etc. In the production of these manifestations vaccinia acts as a determining cause only in those subjects who have a predisposition to those maladies. In

brief, vaccinia may produce by itself, and without the co-operation of other causes, affections of the skin whose morphological characters differ essentially and which have various relations as regards etiology and pathogenesis, though these may be imperfectly understood in some cases. The form of these dermatoses seems to depend, above all, on the individual predisposition of the subject.—*La Médecine Moderne*.

DESQUAMATION IN TYPHOID FEVER OF CHILDREN.

At a meeting of the French Congress of Internal Medicine, M. Wall, of Lyons, remarked that desquamation was frequent in the typhoid fever of children, and had been met with in thirty-three out of thirty-seven cases. It occurred upon the trunk, limbs, and neck, beginning in the axilla. It was generally furfuraceous, though it was sometimes in flakes or even in large sheets. The desquamation took place at all stages of the disease. The manifestation was of little diagnostic or prognostic value, and might be compared to the alterations of the nails and fall of the hair caused by the malady.—*Le Progrès Médical*.

THERAPEUTIC NOTES.

NEURASTHENIA.

The following was a favorite prescription of Sir Andrew Clark's for various kinds of neurasthenic debility:—

℞ Acid phosphate, . . . 3j.
Ext. cocæ liquid., . . . 3ss.
Ext. damian. liquid., . . . 3ss.
Tr. nucis vomic., . . . ℥x.
Syrup. zingib., . . . 3j.
Aqueæ, . . . ad 3ss.

Ft. dosis.

Sig.: To be taken in water at 11 A.M. and 6 P.M.—*Practitioner*.

SULPHATE OF ESERINE IN IDIOPATHIC TETANUS.

After the failure of all drugs generally used, Gazahar, in a case of tetanus, had recourse to the sulphate of eserine, of which he injected subcutaneously .005 gramme ($\frac{1}{200}$ grain) in a single dose. The result was remarkable. After the third or fourth injection the tonic spasms notably diminished, the intervals between attacks lengthened, and the rigidity of

the jaws lessened considerably. In a single week the spasms had entirely left, and the jaw could be moved. Complete cure occurred after about twelve injections.—*Ex.*

INSOMNIA.

In various neuroses, where both sleeplessness and constipation are common symptoms, the following is a useful prescription:—

℞ Ext. cannabis Indicæ,
Ext. belladonnæ, . . . 33 gr. ¼
Pil. aloes c. ferro, . . . gr. iv.

Ft. pil. j.

Sig.: To be taken at bed-time, every night if required.

The last ingredient can be varied according to the case.—*Practitioner*.

CARDIAC INSUFFICIENCY.

A good diuretic heart-tonic is:—

℞ Potassii acetatis, . . . ʒviij.
Scillæ pulv., . . . ʒj.
Digitalis fol. pulv., . . . ʒxiv.
Alcoholis, . . . f ʒj.
Vini albi, . . . f ʒviij.
Infusi juniperi, . . . f ʒxj.

M. Sig.: Dose, one dessertspoonful.—*Med. Fortnightly*.

PEDICULOSIS.

A prescription emanating from Professor Marshall is:—

℞ Hydrarg. oleatis, . . . gr. v.
Acidi oleici, . . . gr. xcv.
Ætheris, . . . gtt. xij.

M. Sig.: Apply twice, twenty-four hours apart.—*New England Medical Monthly*.

LEMONADE FOR DIABETICS.

℞ Aq. dest., . . . 1000 grms.
Glycerini pur., . . . 20-30 grms.
Acid. citric, . . . 5 grms.

To be drunk in small quantities during the twenty-four hours. It can be prescribed for patients who prefer a sweet drink.—*Medical Times and Hospital Gazette*.

INTERNAL HÆMORRHOIDS.

Kosobudki's modification of Unna's formula is:—

℞ Chrysarobin, . . . gr. j.
Iodoform, . . . gr. ¼.
Ext. belladon., . . . gr. ¼.
Coca-butter, . . . gr. xxx.
Glycerin, . . . q. s. ft. suppos.
Cocaine hydrochlor., . . . gr. ¼.

—*Medical Times and Hospital Gazette*.

INCONTINENCE OF URINE.

Dr. White's formula is:—

℞ Benzoate soda,	
Salicylate soda, ...	℥℥ gr. xv.
Ext. belladonna, ...	gr. xxx.
Cinnamon-water, ...	℥iv.

A teaspoonful four or five times a day.—*Archives of Pediatrics.*

HYSTERIA.

Rosser suggests $\frac{1}{10}$ grain of apomorphine, hypodermatically, to break up and prevent the recurrence of hysterical attacks.

TORTICOLLIS.

In the case of a man who had suffered from wryneck for a year and a half, Jaggannath obtained a cure by the use of:—

℞ Potassii iodidi, ...	gr. v.
Potassii bromidi, ...	gr. v.
Ammon. carbonatis, ...	gr. v.
Tincturæ conii, ...	℥x.
Aquæ, ...	℥j.

Three times daily. Liniment belladonna with sweet-oil rubbed externally and the parts kept warm.—*Indian Medical Record.*

HÆMOPTYSIS.

For the medicinal treatment of hæmoptysis, in pulmonary tuberculosis, Prof. S. Solis-Cohen prefers calcium chloride to any other drug.

The pure crystallized salt is specified on the prescription, so that chlorinated lime shall not be dispensed. It is given in glycerin or simple elixir and water, or in infusion of gentian, 10 grains to the teaspoonful; the ordinary dose in the active stage of the hæmorrhage being 10 grains or 15 grains every second hour. As improvement takes place the frequency of administration is reduced.—*Philadelphia Poly-clinic.*

THE CONJOINT USE OF KUMYSS AND MATZOON.

Dr. John H. Girdner, writes thus to the New York Medical Journal: "I not infrequently find patients who dislike kumyss on account of its acid taste, and who object to matzoon because it lies heavy on the stomach. This has led me to try a mixture of the two, and for some time I have used a mixture of equal parts of these two articles of diet, and with such satisfaction to myself and patients that I venture to call attention to it. I believe such a mixture is not only more palatable but more nutritious than either preparation when taken by itself."

URTICARIA.

℞ Hydratis chloralici,	
Acidi carbolici, ...	℥℥ grm. 0.50.
Ol. olivæ, ...	grm. 50.00.

M. D. S.: External use. Apply as often as needed.—*Sem. Méd.*

NASAL AND PHARYNGEAL CATARRH.

As an antiseptic dry dressing after operations upon the nose and throat, aristol fulfills every indication demanded of such a remedy. A favorite formula of some is:—

℞ Aristol, ...	gr. xxx.
Benzonol, ...	℥j.

M. Sig.: To be used as spray or for application with cotton probe.—*Medical Standard.*

SCIATICA.

For subacute rheumatic sciatica Domanski recommends the following mixture:—

℞ Phenacetin,	
Salol, ...	℥℥ 3ss-j.
Pure caffeine, ...	gr. iv-vj.

Mix and divide into four cachets.

Sig.: Two or three cachets are given four times a day, carefully watching the effects.—*La Médecine Moderne.*

PHTHISIS.

In anorexia, chlorosis, and phthisis Efele gives one or two tablespoonfuls of the following mixture, one to three times a day, half an hour before eating:—

℞ Iceland moss, ...	℥v.
Carbonate of ammonium, ...	gr. xv.
Water, ...	℥vj.

Macerate for half an hour, boil, and add

Absolute alcohol, ... ℥ij.

Allow to settle, decant, and add

Liquorice-juice, ... ℥j.—M.

—*Le Progrès Médical.*

FERRIPYRIN.

M. Hedderich, of Heidelberg, writes concerning a new hæmostatic, ferripyryn. This is a double combination of perchloride of iron and antipyrin, presenting itself in the form of a beautiful orange-red powder, easily soluble in cold water. Ferripyryn has the advantage over perchloride of iron in that it does not corrode. Even after prolonged application to the nasal mucous membrane of a tampon saturated with a solution of ferripyryn, it produces only anæsthesia of the surface and a yellow discoloration. The preparation possesses

very decided astringent and hæmostatic properties. Watery solutions of 18 to 20 per cent. of ferripyrin are used, in which tampons of absorbent cotton are moistened and applied to the bleeding surface. The indications are the same as for the perchloride of iron. Internally it may be given in the average dose of 8 grains. A solution of 1 to 1.5 per cent. may be tried in gonorrhœa.—*La Médecine Moderne.*

ANTIASTHMATIC POTION.

℞ Extract of opium,
Extract of belladonna, ʒā gr. iss.
Bromide of potassium, . 3i℥.
Iodide of potassium, . gr. xxiv.
Simple syrup, . ʒiss.
Strong infusion of linden, . ʒv.

M. Sig.: Teaspoonful every half-hour until the desired effect is produced.—*El Siglo Méd.*

INFANTILE COLIC.

When due to acidity of the intestinal canal, Zuinis, of Athens, orders:—

℞ Carbonate of magnesium, . gr. viij.
Syrup of orange, . ʒiss.
Chamomile flower water, . ʒiiss.

M. Sig.: A teaspoonful every hour.—*El Siglo Méd.*

WHOOPIING COUGH.

From an experience of five cases, reported to *La Médecine Moderne*, Dr. de Chateaubourg believes that the hypodermatic injection of guaiacol and eucalyptol, in doses proportioned to the age of the child, is an efficacious and rapid method.

TOOTHACHE.

℞ Hydratis chloralici,
Camphære,
Acidi carbolici,
Glycerini, . . . ʒā grm. 5.00.

M. D. S.: Apply to aching tooth on a small plug of cotton.—*Atlantic Medical Weekly.*

IRRITABILITY OF THE BLADDER.

When irritability of the bladder is caused by an excess of phosphates in the urine, M. Schun finds that relief is given by:—

℞ Benzoic acid, . . . ʒij.
Biborate of sodium, . ʒij.
Water, . . . ʒvij.

M. Sig.: One or two teaspoonfuls at a dose.—*La Médecine Moderne.*

CONTUSIONS.

In severe contusions of the limbs, when there is hope of avoiding surgical intervention,

Brauère advises "embalming" the limb or portion of a limb by compresses of aseptic tarletan, spread with the following ointment:—

℞ Salol,
Resorcin,
Antipyrin, . . . ʒā 3iij.
Boric acid, . . . ʒv.
Iodoform, . . . gr. xv.
Vaselin, . . . ʒv.—M.

—*La Médecine Moderne.*

NUTRITIVE INJECTIONS OF EMULSIONIZED OIL.

Professor Revillod, of Geneva, has obtained good results from the use of the following formulæ:—

℞ Codliver-oil, . . . ʒxix.
Yolk of two eggs.
Lime-water, . . . ʒxix.—M.

In order to diminish the irritability of the mucous membrane add chloride of sodium:—

℞ Codliver-oil, . . . Oij.
Yolk of four eggs.
Chloride of sodium, . . 3i℥.
Distilled water, . . . ʒj.—M.

Or,

℞ Codliver-oil, . . . ʒxix.
Gum tragacanth, . . . ʒij.
Gum arabic, . . . gr. viij.
Hypophosphite of calcium, ʒij.
Lime-water, enough to make
an emulsion of . . . Oij.

—*La Médecine Moderne.*

A NEW ANTIPYRETIC.

Lentanine is an alkaloid occurring as a white, very bitter powder, soluble in alcohol, and derived from *Lentana Brasiliensis* (Verbenacæ) by Bueza and Negreta, of Lima. It is given in the dose of 15 grains once or twice a day.—*Le Progrès Médical.*

EPISTAXIS.

Rougier tampons the posterior nares with cotton impregnated with a collodion composed of:—

℞ Acid. benzoic.,
Acid. tannic.,
Acid. carbolici, . . . ʒā 3i℥.
Collodion flexil., . . . ʒij.—M.

—*Le Progrès Médical.*

CYSTITIS IN CHILDREN.

In certain cases, where the urine is acid, Professor Escherisch, of Graz, has recourse to washing out the bladder twice daily with a solution of boracic acid at 1 or 2 per cent. or

of thymol at 1 to 2000. In addition, he administers internally one of the following mixtures:—

R Chlorate of potassium, . . gr. xxx-xlv.
Water, ... f℥v.
Simple syrup, ... 3iiss.

Take a dessertspoonful every other hour.

R Leaves of uva ursi, ... 3ss.

Infuse in

Boiling water, ... f℥v.

Add

Simple syrup, ... 3iiss.

Take a dessertspoonful every other hour.

When the urine is acid, excellent results are obtained by irrigations of the bladder with feeble solutions of creolin (10 or 15 drops of creolin in 250 grammes, 3viii, of warm boiled water) and internal administration of salol in small doses.—*St. Louis Clinique.*

TOPICAL ANÆSTHESIA.

Dr. Mayet has devised the following mixture, as a local anæsthetic:—

R Petrovaselin sterilized by
ebullition, ... 200 grms.
Iodoform, ... 10 grms.

This is well mixed, and to it is added the result of a mixture by trituration of:—

Cocaine, ... 2 grms.
Oleic acid, ... 10 grms.

For anæsthetic dressing of uterine pain Dr. Mayet chooses a sterilized sponge of the size of a walnut, fixes it by a thread, steeps it in the mixture, and applies it to the cervix. He obtains thus cessation of hystericalgia, neuropathies from uterine deviations, and cervical metritis. He dresses, with the same application, small contused wounds, panaris, and advises it in furuncles, boils, and medium-sized burns.—*Medical Standard.*

METrorrhagia.

A formula praised by Reinstadler is:—

R Ergotin, ... 10 parts.
Aqueæ destillatæ, ... 70 parts.
Glycerini, ... 10 parts.
Acid. salicylic., ... 20 parts.

M. Sig.: A tablespoonful of this solution in three tablespoonfuls of water is injected into the rectum, the patient lying upon her stomach.—*College and Clinical Record.*

LEPROSY.

In a case of macular and anæsthetic leprosy M. Rouffilange writes to *Le Progrès Médical*

that he saw decided amelioration follow the use of a pill composed of:—

R Nitrate of silver,
Acetate of copper, ... 55 gr. ½.
Extract of juglans regia, . . gr. ½.
Marsh-mallow and glycerin, q. s.—M.

The pill was given half an hour before the midday and evening meals.

VOMITING.

R Tr. iodi,
Chloroform, ... 55 3i¼.

M. Sig.: Five drops morning and evening, at meal-time, in a little water.

R Creasoti,
Ol. amygdal. dulc., ... 55 3i¼.

M. Sig.: Give 5 or 6 drops in milk three or four times a day.—*Le Prog. Méd.*

ABORTION.

When abortion is inevitable Dr. C. Marocco, of Rome, advises tamponing the vagina with gauze saturated in glycerin, and to give internally cachets made according to the formula:—

R Phenacetin, ... gr. v.
Hydrochlorate of morphine, gr. ½.
Sugar, ... q. s.

M. For 1 cachet; let 3 cachets be made. One to be taken every hour.—*Le Prog. Méd.*

BORSALYL, AN ANTISEPTIC.

Dr. L. Bernegan writes that borsalyl is a compound described as being obtained by the action of 25 parts of boric acid on 32 parts of sodium salicylate, in the presence of a small quantity of distilled water; whereby a hard mass forms, which is dried and powdered. The following recipe is recommended in all cases where such preparations as boro-lanolin, boroglycerin-lanolin, and myrrh cream are employed:—

Borsalyl Cream.

R Borsalyl, ... 20 parts.
Arnica-glycerin, ... 40 parts.
Lanolin, ... 18 parts.
Vaselin, ... 22 parts.

Heat the first two ingredients on a water-bath and stir in the remaining ones.

The "arnica-glycerin" is obtained by macerating 1 part of arnica flowers for eight days in 9 parts of glycerin, and filtering.

Borsalyl Gauze.

R Borsalyl, ... 6 parts.
Distilled water, hot, . . . 60 parts.
Glycerin, ... 3 parts.

For impregnating 40 parts pure absorbent gauze.—*Amer. Medico Surg. Bulletin.*

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
THE F. A. DAVIS CO., Publishers.
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Philadelphia, Mar., 1898.

THE DISCOVERY OF GENERAL ANÆSTHESIA.

ONE of the most beneficent achievements ever accomplished by man was the effective introduction into surgical practice of an agent having the power to produce unconsciousness with insensibility to pain. To us, who are accustomed to the use of anæsthetics, it is terrible to think of the mental and physical suffering of myriads of fellow-creatures who, for whatever reason, were obliged to undergo a surgical operation. The ordeal imposed upon the surgeon was oftentimes only less than that endured by the patient. There can be no doubt that many chose to die slowly from painful diseases, rather than to expose their quivering flesh to the knife of the surgeon. Within the memory of men yet living, how the picture has changed! Some natural shrinking from the thought of an unconscious state, some reluctance to submit to the total obliteration of personal consciousness, may remain, but, in the presence of a grim alternative, yields to the knowledge that necessary procedures can be accomplished without causing excruciating agony; that a sort of sleep may seize upon the body, and the individual awakes to find that the broken bone has been set, the dislocation reduced, or the tumor removed. Is it fanciful to find a hint of the anæsthetic state in that passage which narrates the creation of Eve? "And the Lord God caused a deep sleep to fall upon Adam, and he slept; and He took one of his ribs, and closed up the flesh instead thereof."

From the historical point of view it is of much interest to observe—as every one must have observed—that certain great discoveries have been independently made by two or more persons. Notable instances of the kind

can be drawn from the history of art, literature, and science. Surely one of the most blessed inspirations that ever entered the minds of men was that which resulted in the world-wide diffusion of anæsthesia. It is fitting that we, as Americans, should feel a patriotic pride that this great gift to humanity originated in the United States.

From remote ages, doubtless, surgeons have endeavored to alleviate pain, and we read of the various expedients made use of for this purpose prior to operations. It was not, however, till the convincing demonstration of the virtues of nitrous oxide and ether had been made in this country that the desire of humanity was realized. The anæsthetic agents themselves were already known as chemical compounds, their physical properties had been studied, and glimpses even had been obtained of their anæsthetic power. Ether was known to Raymond Lully in the thirteenth century. The mode of its preparation and some of its properties are mentioned by Basil Valentine. The name *ether* seems to have been introduced by Froben in 1730, by whom the fluid was called *spiritus æthereus*. Nitrous-oxide gas was studied by Humphrey Davy when, as a young man, he occupied a position in Dr. Beddoes' Pneumatic Institute, near Bristol. The genius of Davy did not fail, indeed, to recognize a possible use for nitrous oxide as an anæsthetic agent. Davy's mind, however, was fully occupied in the chemical investigations which laid the foundation of his brilliant career. He was not a medical man by profession, and his testimony on this point was unregarded. In 1800 he had inhaled the gas, had found that it abolished the sense of pain, and wrote that, "as nitrous oxide, in its extensive operation, seems capable of destroying physical pain, it may probably be used with advantage in surgical operations in which no great effusion of blood takes place." But this important suggestion bore no fruit. Chloroform was discovered, in 1831, by Guthrie in this country and Souberain in France.

The dental profession of the United States celebrated not long ago the anniversary of the demonstration by Horace Wells that nitrous oxide may be beneficially used for short opera-

tions, such as the extraction of teeth. From that time onward this agent has been employed, particularly by dentists. It would be equally efficient in minor surgery, but, on account of the fleeting character of its effects and, perhaps, of the bulky apparatus required to prepare and store it, has never been largely used by physicians. Its brevity of influence unfits nitrous oxide for most of the operations of surgery. When only an instant's insensibility is desired in order to allow a quick thrust of a knife we can now avail ourselves either of local anæsthesia or of that stage in the action of ether which has been denominated primary anæsthesia. An abscess may be opened under primary anæsthesia without pain to the patient, who, nevertheless, recovers his consciousness in a moment. We must recognize, however, that it is to the convincing demonstration in the operating-room of the Massachusetts General Hospital, by Dr. William Thomas Green Morton, on October 16, 1846, that the use of ether and the practice of general anæsthesia has spread to all parts of the civilized world. When the way has been pointed out, all can follow. We do not ignore the claims of Dr. Crawford Long. His cases, however, remained unpublished and unknown except within a very limited circle. From the hospital in Boston the announcement was quickly carried to all quarters that the medical profession at last possessed an agent which would rob surgery of most of its terrors. This is the commanding position which Morton occupies in the history of anæsthesia; and if in anæsthesia, then necessarily in the history of medicine itself; for the introduction of anæsthetics is the great fact of the middle of the nineteenth century.

It is peculiarly appropriate, therefore, that the memory of Morton should be publicly honored by his native State. It is seldom that medical men are thus remembered. Statues are erected to warriors, to statesmen, to poets, but the physician, however distinguished in his time, is usually soon forgotten except by the members of his own profession. Yet in the material testimony to distinguished men it should ever be borne in mind that "peace hath her victories no less than war." None know

better than medical men that heroism is not monopolized by the militant force of armies. The non-combatant surgeon shares the danger of a campaign without being sustained by the excitement of conflict. A cooler bravery is required for field-hospital work than for storming the enemy's position. In the State House at Boston the names of fifty-three most distinguished natives of the State are to be inscribed around the base of the dome of the new chamber of the House of Representatives. Among those eminent in peace and war, literature, science, and art, an enlightened judgment has included the name of William Thomas Green Morton. The old Bay State has produced many famous sons whose names are justly honored throughout the world. The special glory of Dr. Morton is that his demonstration has the closest relation to the life of every man, woman, and child, rich or poor, learned or unlearned, who may be the victim of accident or painful disease. And from such events who can hope always to escape? The names of the fifty-three celebrated Massachusetts men have been chosen upon a good principle, so that each has either marked an epoch or had a marked influence upon the course of events. These are the tests of greatness, and no discovery has had a more signal influence than that of Dr. Morton. The names and the works, however beautiful or instructive, of poets and historians may be forgotten, but a knowledge of the effects of ether as an anæsthetic can never pass into oblivion. So, along with Bancroft, Motley, Longfellow, Lowell, and Whittier, and those eminent in statesmanship, law, and war, it is just that the discoverer of anæsthesia should be placed.

Morton was born in Charlton, Mass., August 9, 1819. He studied dentistry in the Baltimore College of Dental Surgery, and in 1843 began practice in Boston. In 1844 he commenced the study of medicine under Dr. Charles T. Jackson, and matriculated at Harvard University. In the meantime his attention had been strongly drawn to the subject of relieving pain during dental operations. After experiments upon himself, he administered ether for the first time to a patient on September 30, 1846, and extracted a tooth without causing

pain. Shortly afterward he obtained permission from Dr. John C. Warren, then senior surgeon of the Massachusetts General Hospital, to give a demonstration of the power of ether in the operating-room of that institution. On October 16, 1846, he was permitted to administer ether to a patient upon whom Dr. Warren was about to operate for a vascular tumor of the jaw. Complete anæsthesia was produced and maintained. The operation was successfully performed without pain. Students and visitors received the most impressive object-lesson of their lives, and a new era in surgery was inaugurated.

Since that October day, nearly half a century ago, ether has successfully held its place as an efficient anæsthetic, is preferred by many surgeons to its chief rival, chloroform, and is displacing the latter in many districts and countries where it has long reigned supreme. Chloroform possesses every advantage over ether except one, but that one is the very advantage with which we cannot afford to dispense. Ether is far safer than chloroform, and this clinical fact remains unaffected in spite of all the assertion, theory, and experimentation that have been adduced in favor of chloroform.

THE USE OF ACONITE IN DISEASES OF CHILDREN.

THE fluctuations of disease are so frequent in children, the tissues and, above all, the nervous system of little ones are so sensitive, that the modifications of type and treatment will always merit attentive study. Clinical manifestations differ appreciably in children and adults. Remedies producing a powerful effect upon the nervous system must always be administered with caution to young subjects. To some of these drugs they are specially susceptible. The importance of correct diagnosis and the family affection which centres in juvenile patients are also reasons which incite us to study carefully both disease and therapeutics as relating to the young.

An esteemed French writer upon the maladies of childhood, M. Jules Comby, has lately contributed a number of interesting papers to *La Médecine Moderne* dealing with the thera-

peutical indications and contra-indications of a number of important remedies. In the issue of December 5, 1894, we find a contribution on the subject of aconite from the pen of the writer named. These papers of M. Comby are of interest, both on account of their subjects and the manner of their presentation. Without verbosity the author seeks to convey to the mind of the reader the leading facts which are the result of his own experience. As that experience has been large, the papers well deserve attentive perusal.

M. Comby indicates briefly the physiological effects of the drug, and alludes to the depressant influence which it exerts upon the nervous system. The prickling sensations, the numbness, and muscular inertia occur in children as in adults. Anæsthesia and paralysis of the limbs are followed by nausea, vomiting, prostration, etc. Diuresis also is excited by the drug. If aconite paralyzes particularly the sensory nerves, and is, above all, a sedative and analgesic remedy, it must possess accessory antipyretic, antiphlogistic, diuretic, and antispasmodic properties. In fact, it depresses the activity of all the great organic systems. Aconite is, therefore, regarded as indicated in all cases of excitation and overactivity of those systems,—as, for example, neuralgic pains, headaches, buzzing in the ears, hypertrophy of the heart with palpitations, spasmodic cough, high temperature, etc. Aconite has been praised as of value in rheumatism and gout; others have employed it in herpetic and syphilitic affections of the skin, in amaurosis, and amenorrhœa. Teissier, of Lyons, gives it in erysipelas. Trousseau and Pidoux recommended it highly in facial neuralgia. M. Comby has known it to be prescribed in peritonitis and puerperal septicæmia, etc.

In children aconite is employed with advantage in all cases characterized by a decided spasmodic element, as in asthma, the asthmatic attacks of bronchial adenopathy, pertussis and other spasmodic coughs, laryngismus stridulus, palpitations with or without hypertrophy of the heart, and in convulsions. In the catarrhal and spasmodic affections of the respiratory passages, J. Simon, who has made

extensive use of aconite, praises its association with belladonna. In diseases of the heart, Blache, senior, in order to mitigate the effects of digitalis, is in the habit of associating it with aconite. It may be combined with colchicum in gouty and rheumatic manifestations, with opium in neuralgia, and quinine in fevers and malarial affections. On account of its sedative and depressant effect, it is contraindicated in the presence of actual or threatened prostration. If the respiration is embarrassed, the heart enfeebled; if the little patient, depressed and somnolent, makes but a feeble struggle against his illness, aconite should be avoided. In such conditions tonics and stimulants are needed. In capillary bronchitis, broncho-pneumonia, valvular affections of the heart, pericarditis; in all conditions of debility, of collapse, occurring during grave infectious maladies, diphtheria, typhoid fever, etc., M. Comby advises against the employment of aconite. He includes in the same list several disorders in which, as frequently manifested in sthenic type, we have frequently administered aconite with excellent result. Such are croupous pneumonia, scarlatina, and variola. Aconite is, in the opinion of M. Comby, particularly valuable in spasmodic and painful disorders of the respiratory passages among children.

As regards the mode of administration, the writer named insists upon the superiority and reliability of preparations made from the root of the wild plant. He employs the preparation which is known in France as the *alcoholature*, made by macerating for several (10) days 1 part of fresh roots in 1 part of 90-degree alcohol. Occasionally he makes use of a syrup of aconite, which consists of 1 part of the alcoholature in 10 parts of syrup. Some of the French writers regard the tincture of aconite as more energetic than the alcoholature, the former being made from the dried and, therefore, concentrated root, which, they believe, more than counterbalances the greater dilution in alcohol of the tincture. However this may be, the tincture is the alcoholic preparation universally employed in this country. Dr. Comby very properly condemns the use of aconitine in children on account of its extreme activity with consequent danger, and the difficulty of

maintaining an effectual control over its administration.

Intoxication from aconite is extremely rare in children, from the fact that practitioners are, as a rule, very careful in its administration, prescribing it in doses by drops, and avoiding crystallized aconitine.

The frequent administration of broken doses is often a very effectual method of administering aconite. In small doses our author has never witnessed symptoms indicative of its physiological action. He teaches that, in order to obtain its characteristic effects, comparatively large doses are required. In whooping-cough a combination of aconite and digitalis has been beneficially employed by H. Roger. In the same affection, J. Simon finds advantage from an association of aconite and belladonna.

CORRESPONDENCE.

THE PREVENTION OF TUBERCULOSIS.

To the Editor of the Medical Bulletin.

DEAR SIR: With much interest and profit I have read, in the February number of your ever-welcome journal, the editorial on this important subject. While I heartily indorse all the measures that are therein proposed for the extinction of this dread malady in its various forms, I desire to call attention to a therapeutic and prophylactic agency that is too often overlooked when this subject is under consideration. I refer to vocal culture and that physiological principle which is at the foundation of all correct vocal training, viz., diaphragmatic respiration for both sexes at all ages.

This is a question that I investigated very thoroughly several years ago. The results of my studies were published in Gaillard's Medical Journal of August, 1890, and April, 1891; THE MEDICAL BULLETIN of September, 1892; The Popular Health Magazine of January, 1894; and The Maryland Medical Journal of March 10, 1894. I learned, from extensive correspondence with eminent singers, that there is not a well-authenticated case of a vocalist of note whose method was *correct* dying from consumption. Elocutionists also added their testimony to the beneficial effect of correct breathing and vocal exercises in developing and strengthening the throat and the lungs, thus affording to these organs sufficient powers of resistance to overcome the destructive influence of the bacillus

tuberculosis. This view was also corroborated by those physicians who had examined this interesting question.

The opinion of all was that abdominal respiration should be employed by both sexes at all ages ; that this is the only physiological method. François Wartel, the teacher of Christine Nilsson, Trebelli, and other signers of renown, instructed all their pupils to breathe thus. Madame Jenny Busk-Dodge says that without deep breathing it would be impossible to execute some of her difficult arias. Mme. Julie Rosewald says: "Breathe naturally, like a man or an infant whose ribs have never been compressed by stays." Mme. Luisa Cappiani contends that every woman should breathe like a man, and says that even a woman *enceinte* can breathe thus without injuring her embryo. Dr. Thomas J. Mays, in an able article in the *Century Magazine* of August, 1893, proved conclusively that women, as well as men, should breathe throughout the whole extent of the lungs. His statements were based upon the results of a series of investigations that he had conducted at the Lincoln Institute of Philadelphia. Surely this is a strong array of talent in favor of diaphragmatic respiration for both men and women. Of course, this fact is a potent argument against the wearing of the corset.

It will be readily seen that by deep breathing the air is made to penetrate every portion of the lungs, by which means these organs are strengthened and developed ; that more oxygen will be absorbed by the blood ; and that in consequence, the whole system will be invigorated. Thus the chances of the bacillus tuberculosis finding a *nidus* will be materially lessened. Then, too, the vocal exercises which both elocutionists and singers must practice, will greatly help in accomplishing this desirable object.

This prophylactic measure is especially applicable in the case of those who by heredity are predisposed to phthisis pulmonalis. It has much to commend it, since it is intellectual and refining in its influence, and it will also prove to be an endless source of enjoyment.

With hopes that this communication will find a place in the columns of THE MEDICAL BULLETIN, I am

Yours very truly,

EUGENE LEE CRUTCHFIELD, M.D.,

1016 E. PRESTON ST.,
BALTIMORE, MD., Feb. 9, 1895.

BACTERIOLOGY IN RUSSIA.—A Bacteriological Institute is about to be established in the University of Kieff, at an estimated cost of £10,000. A well-known druggist of Moscow has given a house, valued at £3000, with £500 toward the fitting up of it as a bacteriological laboratory.

COLLEGE GOSSIP.

UNIVERSITY NOTES.—Dr. Daland reports a case of hæmophilia in a young man who had come under his observation, the bleeding resulting from a tooth-wound received while the patient was grinding his teeth in sleep. The bleeding continued persistently for seven days, all ordinary local and internal hæmostatics failing. Hæmorrhage ceased only after the use of a 4-per cent. solution of cocaine. Several days after the patient met with a slight cut of the thumb, which bled furiously, but was promptly relieved by a similar solution of cocaine. On removal to a high altitude the tendency to bleeding was increased. The patient had two brothers who suffered from a similar trouble, one dying in childhood while erupting teeth.

At the regular meeting of the John Guitéras Medical Society, held on February 5th, Dr. Charles A. Oliver delivered an interesting address on "Iritis and its Etiology," illustrating his address by drawings. One of the members read a paper on "La Grippe," in which he gave a slight history of the disease, its symptoms and treatment, which was the one prescribed by Dr. Balliett, the physician in charge of the case quoted. The patient's bare chest is to be sponged with cold water in a room whose temperature is that of the outside atmosphere (in this case 12° F.), the chest to be repeatedly sponged so long as the patient's temperature remains *above* 101° F., but as soon as this temperature is reached the room is to be warmed and the patient protected in other ways from taking cold. The bowels are to be opened by podophyllum, and the following powder taken:—

R Sodii salicyl., . . . gr. xv.
Sodii brom., . . . 3j.
Antipyrin, . . . gr. xij.
Morph. sulph., . . . gr. ½.

M. et ft. chart. no. j.

Sig.: Take in water.

On January 16th, Dr. J. J. Kinyoun, of the U. S. Marine-Hospital Service, delivered a very entertaining and interesting lecture to the medical students, under the auspices of the John Guitéras Medical Society, on the subject of "Antitoxin Serum." Dr. Kinyoun has lately returned from Europe, where he has been studying the subject with Roux, at Paris. The lecture was delivered in the Chapel, College Hall, and was illustrated by lantern-slides showing the bacillus of diphtheria under different circumstances. The lecture, on the whole, was quite similar to the one on the same subject delivered by Dr. John Guitéras, and which has already been noted.

On January 26th the Barton Cooke Hirst Obstetrical Society held a smoker at the University Club, at which covers were laid for forty guests. Dr. Richard C. Norris acted as toastmaster. Dr. Hirst delivered the address of welcome, and Mr. H. W. Weyant, the president, spoke on the "Conception, Growth, and Development of the Society." Both vocal and instrumental music were rendered during the evening. The presidents of the other medical societies were present as invited guests.

MEDICAL NEWS AND MISCELLANY.

DR. GUIDO BACCELLI has been elected an Honorary Fellow of the Harveian Society of London.

It is proposed to erect a statue to the late Professor von Helmholtz. Nature states that the German Emperor has offered to head a subscription-list for that purpose with a donation of 10,000 marks.

DR. ANTON WÜLFER, Professor of Surgery at Graz, has been appointed to the corresponding chair at Prague, in succession to Professor Gusenbauer, now of Vienna.

The Board of Governors of the Woman's Hospital in New York have completed the purchase of a site for the new building, the estimated cost of which is \$1,400,000.

PHILADELPHIA POLYCLINIC.—The new buildings of this institution, on Lombard above Eighteenth Street, were publicly opened on Friday evening, February 15th, at 8 o'clock.

GERMAN GYNÆCOLOGISTS.—The Seventh Congress will be held at Vienna in the beginning of June. The questions of the day will be: 1. Ruptures of the Uterus. 2. Endometritis.

POST-GRADUATE INSTRUCTION.—The Kansas City Medical College announces that a course for practitioners, chiefly clinical, will be opened March 18, 1895, and continue six weeks to April 27, 1895.

BURLINGTON COUNTY (N. J.) MEDICAL SOCIETY.—The Burlington County Medical Society, at its annual meeting at Mount Holly, elected the following officers: President, F. G. Stroud; Vice-President, J. H. Pugh; Secretary, A. W. Taylor.

THE ALLEGHENY COUNTY MEDICAL SOCIETY.—An annual reception was tendered the President, John Milton Duff, M.D., and retiring President, J. J. Green, M.D., at the Duquesne Club, Pittsburgh, Pa., Thursday evening, January 31, 1895.

PROF. JAKOB GOTSTEIN, of Breslau, the well-known laryngologist, died on January 11th. He was born at Lissa, in Posen, in 1832, and taught in the University of Breslau for more than a quarter of a century. He was a leading authority in his special province.

INTERCOLONIAL MEDICAL CONGRESS OF AUSTRALASIA.—The fourth meeting of the Intercolonial Medical Congress of Australasia was held in Dunedin, New Zealand, during the week beginning Monday, February 17, 1895, under the presidency of Dr. F. C. Batchelor, of that city.

OBSTETRICAL SOCIETY OF CINCINNATI.—The following officers have been elected for the ensuing year: President, Dr. A. W. Johnstone; Vice-President, Dr. Sigmar Stark; Secretary, Dr. E. S. McKee; Corresponding Secretary, Dr. W. D. Porter; Treasurer, Dr. George E. Jones.

RAMSEY COUNTY (MINN.) MEDICAL SOCIETY.—At the thirty-first annual meeting of this society the following officers were elected for the ensuing year: President, Dr. C. E. Riggs; Vice-President, Dr. Willis E. Hallowell; Secretary, Dr. Charles R. Ball; Treasurer, Dr. A. A. Pine.

LEPROSY IN PRUSSIA.—The College and Clinical Record says that a number of lepers have been discovered in Eastern Prussia, especially at Königsberg, and at Memel, about seventy miles from Königsberg. In this latter district alone ten genuine cases of leprosy have been found, and the disease has been officially declared to exist in these districts.

MEDICO-PATHOLOGICAL SOCIETY.—At the annual meeting of the Medico-Pathological Society of York City, Pa., the following officers were elected: President, I. H. Betz; Vice-Presidents, W. H. Minnich and G. E. Holtzopple; Secretary, S. K. Pfaltzgraff; Treasurer, J. F. Klineinst. The annual banquet of this society was held February 14th.

MONTGOMERY COUNTY (PA.) MEDICAL SOCIETY.—The Montgomery County Medical Society held its annual meeting at Norristown, and the following officers were elected for the ensuing year: President, J. L. Weaver; Vice-Presidents, J. R. Care, of Worcester, and S. R. Hunsberger, of Skippack; Recording Secretary, H. H. Whitcomb; Corresponding Secretary, J. K. Weaver; Treasurer, S. N. Wiley.

MESSRS. JOHNSON & JOHNSON, of New York, have published a monograph on the subject of Kola. The first seven pages of this little book are devoted to a very complete bibliography of kola. The subsequent pages contain a review of this literature, with brief extracts from the same, and a study of both African and West Indian kola, the latter being a cultivated variety of the

Cola acuminata. Messrs. Johnson & Johnson, in pursuing their studies of this latter variety, have not depended on the ordinary sources of information, but have sent their own representatives to the Antilles to investigate the plant at its place of growth. The illustrations contained in the book are made from photographs taken by their representatives, and show the kola as it is found in its habitat; also the methods employed by the natives in the drying, using, etc. A chapter of the book is also devoted to the physiological action of kola, and contains the reports of many authorities, also illustrations showing the effect of kola upon muscular contraction. Special reports upon West Indian kola, from Mr. F. B. Kilmer, of New York, and Dr. James Neish, F.R.S., of Kingston, Jamaica, are appended. In addition, there are to be found full notes upon the clinical uses of kola, dosage, time for administration, directions for employment, etc. Messrs. Johnson & Johnson have made an exhaustive study of the fresh kola, as used by the natives of Africa and the West Indies, as compared with the dried kola to be found in the market, which shows that the chemical and physiological action of the former are quite different from the latter.

DISTRICT MEDICAL SOCIETY OF THE COUNTY OF CAMDEN.—The regular February meeting of this society was held on the evening of the 12th of the month in the rooms of the City Medical Society. Dr. Alexander McAllister, of Camden, read a paper entitled "The Treatment of Diphtheria with Antitoxin," with a report covering twenty-five cases. A banquet was served at 9.30 P.M. The Committee of Arrangements consisted of Dr. H. F. Palm, chairman; Dr. J. F. Leavitt, and Dr. Benjamin S. Lewis.

THERAPEUTIC VALUE OF GOLD.—Professor J. S. Wight, of the Long Island College Hospital, has used arsenauro with advantage in cases of suppuration, and more recently has given the solution of the bromide of gold and arsenic (arsenauro) to patients suffering from cancer and sarcoma. He has not yet had experience enough to speak with certainty as to the value of these remedies, yet is convinced that they will turn out to be remedial in the true sense of the word. In some cases of adenosarcoma the absorption of the neoplasm has been brought about in a few weeks. It seems certain that the solution of gold and arsenic (arsenauro) will prove to be a most valuable remedy in the treatment of sarcoma and the less virulent forms of cancer.

PROFESSOR THOMAS HUNT STUCKY, of Louisville, Ky., has used mercauro with benefit in cases of epilepsy and ataxia. In three cases of chorea arsenauro produced an excellent result.

Favorable reports regarding the efficacy of auric preparations have been made by Drs. Paul Paquin, Eugene Griscom, T. L. Granay, R. G. Floyd, Wm. F. Kier, and other writers. The preparations used by these practitioners were made according to Barclay's formula by the E. M. Johnson Company. Of them Dr. Stucky says they (1) increase the appetite; (2) do not irritate the stomach nor disturb the bowels, seeming to stimulate peristalsis without sufficient irritation to produce purgation; (3) do exert decided powers of alteration, sedation where there is irritation, yet stimulation to waning powers; (4) are indicated in the majority of diseases affecting co-ordination; (5) are, in fact, entitled to a trial in all neuroses.

THE SEVENTH INTERNATIONAL CONGRESS OF HYGIENE AND DEMOGRAPHY.—The Congress has issued in pamphlet form the resolutions adopted at its closing meeting, held September 9, 1894. They relate to diphtheria, public disinfection, sanitation of dwellings, care of workmen engaged in small industries, care of the insane, and other topics of vital interest to communities.

CLEVELAND MEDICAL SOCIETY.—The following officers have been elected: President, Dr. William E. Wirt; First Vice-President, Dr. Aug. F. House; Second Vice-President, Dr. Henry S. Upson; Recording Secretary, Dr. W. F. Brokaw; Corresponding Secretary, Dr. Frank S. Clark; Treasurer, Dr. N. Stone Scott; Librarian, Dr. William E. Bruner; Censors, Dr. M. Rosenwasser, Dr. Howard S. Straight, Dr. L. B. Tuckerman, Dr. A. J. Cook, Dr. W. J. Scott; Pathologist, Dr. A. P. Ohlmacher; Trustees, Dr. H. G. Sherman, Dr. C. H. Gentsch, Dr. C. F. Dutton.

OBSERVATIONS IN FLORIDA.—Dr. C. S. Middleton says, in the New York Medical Times: "Even the most desirable locations on the eastern coast are more or less subject to the cold storms off the Atlantic, and therefore not always pleasant and safe. As severe a northeaster as one would care to see, lasting two or three days, the writer experienced in St. Augustine, during the latter part of March.

"The changes of weather on the eastern coast are more numerous and severe than in the interior or western coast. The western coast has a greater elevation, and, therefore, preferable. Again, fogs are of more frequent occurrence on the eastern coast.

"Tarpon Springs is situated on the Anclote River and a most lovely salt tide-water bayou, where boating and sailing are perfectly safe, and fishing is in abundance. It is but a short distance to St. David's Bay and the Gulf of Mexico, and the pleasure-boats up the Anclote River and

out to the Gulf afford much interest and entertainment for visitors.

"It is surrounded by pine-forests, and when the ozone generated from these balsamic trees is commingled with the balmy breezes from the Gulf it is no wonder the weary invalid finds relief, and improvement follows, and he soon gains in health, strength, and flesh."

BEHRING'S DIPHTHERIA ANTITOXIN.—Consul-General Mason, of Frankfort, Germany, has made an official report on the manufacture of this product:—

A description of this interesting manufacture involves necessarily some account of the nature of antitoxin and the principle upon which its prophylactic action depends. Dr. Behring found that when an animal, by nature susceptible to diphtheria, was inoculated repeatedly with gradually-increased doses of diphtheria poison, it became finally immune to the poison of that disease, and there was developed in the tissues of the animal so tried an antitoxin principle which had the power to neutralize and render innocuous the poison which was secreted by the diphtheria bacillus, as demonstrated in 1884 by Loeffler,—the poisonous secretion, as is well known, forming the source of danger in diphtheria.

The neutralizing agent thus created is named antitoxin, and is the specific that forms the basis of the new treatment of diphtheritic diseases, both as a preventive and as a remedy in cases that actually have been developed. Precisely what this antitoxic agent is has not been demonstrated. Chemistry has not separated and defined its constituent elements, but its action is perfectly understood as analogous to that of hydrated oxide of iron when used as an antidote for arsenical poisoning. In the presence of arsenic the oxide unites with the poison, and forms a combination which is not poisonous. In a similar manner the antitoxin attacks and neutralizes the poison secreted by the bacillus of diphtheria, and this, so far as experience has shown, without subsequent injury to the tissues or prejudice to any of the functions of human life.

Antitoxin may be obtained in a highly concentrated form by either of two methods: 1. Through precipitation from the serum solution by means of sulphate of ammonia or hydroxide of aluminium, and in this case the resulting precipitates are mixed with alkaline solutions and evaporated *in vacuo* at low temperature. 2. The original solution may be evaporated directly to dryness, leaving the desiccated antitoxin as a residue.

The essential conditions in the preparation of diphtheria antitoxin are absolutely pure and healthy animal serum, thorough knowledge of bacteriological processes, absolute cleanliness

and care at every stage of the operation. The horse is one of the most susceptible of animals to diphtheria, and, being not only tractable and easily kept under requisite conditions, but capable of supplying a large quantity of blood, is best suited for the purpose. The horses now in service at Hoechst were chosen with every precaution—the requisites being youth, vigor, and perfect physical health.

No racing thoroughbred was ever housed, fed, watered, exercised, and cared for more scrupulously than these chosen animals which give their blood for the healing of human kind. The stables are under the supervision of a veterinary surgeon, and when a new horse is introduced he is kept for a period under close observation, to detect any symptom, however slight, of antecedent injury or disease. If no such defect is discovered, he is put on the active list, his stall is numbered, and a special book is open for him, in which every detail of his daily treatment and condition is carefully recorded.

He first is inoculated high up on the shoulder with a small or weakened dose of diphtheria poison or of living bacilli. Thus far his temperature is frequently taken, and his appetite, general aspect, the condition of the wound made by the hypodermatic syringe, etc., are minutely observed and recorded. After the proper interval the inoculation is repeated in gradually-increased doses, until the horse becomes immune to the poison of diphtheria. Every tissue of the animal's body now contains antitoxin, but the blood is the substance which most readily can be withdrawn without injury to life and health, and the blood alone is used.

Behring's preparation is now manufactured on a large scale at the Farwerke vorm Meister Lucius and Brüning, at Hoechst-on-the-Main, Germany. The agents in this country are Schulze-Berge and Koechl, 79 Murray Street, New York City.

FRIGOTHERAPY.—The eminent physicist, M. Raoul Pictet, is the inventor of this latest addition to our armamentarium. Discoursing on the subject at the Académie des Sciences, he states that all heat-rays corresponding to temperatures below -65° or -67° C. traverse bodies just as rays of light traverse glass. Thus the cold rays pass through a rug, blanket, or a plank in the same way as a luminous ray passes through a pane of glass. Animals are never here below exposed to a lower temperature than -45° to -50° C. and their natural coats afford them sufficient protection; but supposing a dog is enveloped with the warmest of blankets or eider-downs, and is then placed in a frigorific well maintained at a temperature of -100° or -110° C., what happens? The rays between -65° and $+37.5^{\circ}$ C. (the dog's normal tem-

perature) will be absorbed by the coverings, whence the total suppression of the sensation of cold at the cutaneous surface. The dog's body will experience a loss of heat, due to the rays comprised between -110° and -65° C. which traverse the thick coverings to be absorbed by the body. The entire body will thus cool down without the sensation of cold at the periphery warning the animal of the danger he incurs. Under these conditions, realized for the first time by M. Pictet in his own person, the experimenter states that the digestive functions are so powerfully stimulated that in a few minutes an intense hunger is experienced, together with increased energy of the circulation. M. Pictet had for six years suffered from painful dyspepsia, rendering the prospect of a meal a cause of anticipatory suffering, and he had forgotten what a good appetite was. After a few sojourns in the *puits frigorifiques*, he avers that his digestion became quite good, rapid, and painless. Eight applications of this singular method, lasting from eight to ten minutes each, brought about a perfect and permanent cure. Should M. Pictet's results be confirmed by further and more extended essays, we must expect soon to witness the inauguration of *puits frigorifiques*, wherein we shall see our familiar friends, the dyspeptics, sitting enveloped in the thickest of ulsters, rugs, and blankets, and emerging from this hyper-arctic medium suffering not from indigestion, but from nervous hunger. But does not all this sound almost too good to be true?

UNUSUAL PIGMENTATION.—At a meeting of the Northwest London Clinical Society, at the Northwest London Hospital, Dr. Milson in the chair, Dr. Sibley showed two cases of unusual pigmentation. The first case was that of a widow 42 years of age, the mother of eight children. She had ovaritis six years ago, and peritonitis one year and a half ago. She had been nervous and losing strength for three years, and blood-spots began to appear on her lips. She had at the present time pigmentation-spots on the lips and hard palate. Her pulse was rapid, but there was no cardiac disease. Dr. Sibley thought the pigmentation had to do with pelvic conditions, and compared the case to some lately reported by Dr. Champneys. The second case was that of a woman 20 years of age. She had a pigmentation of the face, axillæ, hands, and areolæ. She, too, suffered from dyspepsia, nervousness, and prostration, and had a very rapid pulse. There were some spots of pigmentation on the buccal mucous membrane. Dr. Harry Campbell, Dr. Gill, Dr. Guthrie, and Dr. Milson joined in the discussion. Dr. Sibley, in reply, said he had not entertained the idea of scurvy in these cases.—*Lancet*.

THE ST. LOUIS MICROSCOPICAL SOCIETY.—At the annual meeting of the St. Louis Microscopical Society, the following officers were elected for the ensuing year: President, Dr. H. A. L. Rohlfing; Vice-President, Dr. Edw. Evers; Secretary, Dr. Frank Heitzig.

DEATH OF PROFESSOR FLUECKIGER.—We regret to announce the death of Prof. Friedrich August Flueckiger, at his home in Berne, Switzerland.

Friedrich A. Flueckiger was born on the 15th of May, 1828, at Langenthal, Switzerland. From 1847 to 1851 he studied pharmacy at Solothurn, Geneva, and Strasburg, entering the University of Heidelberg in 1851, becoming assistant to Delfs and taking his doctorate in philosophy in 1852. He now entered the famous laboratory of Adolphe Wurtz, at Paris, which place was at this time the centre of chemical studies; from there he went to London. From 1857 to 1866 he was President of the Swiss Pharmaceutical Society, and edited the *Pharmacopœia* in 1872. A *privat-docent* (lecturer) in 1861, he was elected Professor of Pharmacognosy at the Berne University in 1870. From 1872 to 1892 he filled with distinguished ability the professorship of Pharmacognosy and Pharmaceutical Chemistry and the directorship of the Pharmaceutical Institute of the University of Strasburg.

Death seems to have been due to a complication of troubles, most prominent among which were "intestinal ulceration" and "biliary calculi." A large hepatic abscess was found post-mortem.

DIABETIC NEURITIS.—Dr. Davies Pryce finds no relationship between the severity of the nerve-symptoms and the amount of sugar present, although he admits that erythematous oedema coincides with increased excretion of sugar. He thinks that diabetic neuritis is mainly due to vascular disease and malnutrition, but not solely to a specific toxic agent. He therefore distinguishes two forms of the disease: (1) the motor or paralytic, and (2) the sensory or ataxic, in which Leyden's neuralgic group is included. He also notices a preponderance of sensory, trophic, and vasomotor symptoms with the existence of arterial disease. The tibial artery being especially prone to degeneration, the posterior tibial nerve becomes chiefly implicated. Morphine and antipyrin prove useful in relieving the pain; but operative interference would tend to accelerate death.—*Indian Medical Record*.

THE following officers of the Kansas City Academy of Medicine were elected for the ensuing year: President, John Funton; Vice-President, V. W. Gayle; Secretary, J. W. Kyger; Treasurer, C. L. Hall.

DEATH OF S. M. BURROUGHS.—We learn by cable from Monte Carlo that the well-known American chemist and pharmacist, Mr. S. M. Burroughs, of the firm of Burroughs, Wellcome & Co., of London, died suddenly in that place from pneumonia, after an illness of only forty-eight hours.

The late Mr. Burroughs was a graduate of the Philadelphia College of Pharmacy, served many years with John Wyeth & Brother, the large manufacturers of chemical and pharmaceutical products, of this city, and some years later established in London, England, the extensive chemical and pharmaceutical firm of which he was the senior member.

Mr. Burroughs traveled all over the world, introducing American chemical and pharmaceutical products, especially those prepared by his own firm. At the meetings of the British Medical Association every year, the medical and scientific gatherings upon the Continent, and at all the conventions of the International Medical Congress, especially those held at Copenhagen in 1884, Washington in 1887, Berlin in 1890, and Rome in 1894, Mr. S. M. Burroughs was the most active and successful exhibitor in fine and acceptable chemical and pharmaceutical products.

During all the conventions just alluded to, and at many others abroad, Mr. Burroughs was always zealous in behalf of, and doing for, visiting Americans, especially to the physicians and surgeons. At the Copenhagen Congress, in 1884, he brought together all English-speaking visitors in very pleasant social relations.

The Berlin Congress will ever be remembered for the Anglo-American dinner participated in by one hundred and fifty English and American physicians, the principal host upon that occasion being the ever-genial and agreeable pharmacist, Mr. S. M. Burroughs, assisted by Messrs. Rehnman, the publisher, of London, and Evans, of the firm of McKesson & Robbins, chemists and pharmacists, of New York. In a similar way, and even in a more sumptuous manner, did S. M. Burroughs entertain the physicians, chemists, and pharmacists during the great meeting of the Medical Congress in Washington, in 1887; the Pan Congress, in 1894; and during the Columbian Exhibition at the World's Fair, in Chicago. An able, efficient, practical, educated co-worker; a man among men; a leader; a philanthropist has passed to his long rest, and his loss will be deeply mourned by not only his afflicted wife and children, but a host of friends and colleagues on both sides of the Atlantic.

THE BURROUGHS MEMORIAL.—The following notice appeared in the British Medical Journal, February 16, 1895: "The late Mr. S. M. Burroughs, whose death from pneumonia, at Monte

Carlo, we announced last week, was born in Medina, New York, in December, 1846, and in 1878 came to London as the agent for Messrs. John Wyeth & Brother. In 1880 he entered into partnership with Mr. Wellcome, and the new development which this firm gave to pharmaceutical methods has made his name well known to the medical profession in this country and in the British colonies. He was a man of considerable personal charm, and when success came, as the reward of his energetic devotion to business, he showed himself to be possessed of wide views, and was a most liberal contributor to many charities. He took an active interest in the foundation of the Cottage Hospital at Dartford, where his firm had extensive works, and contributed the sum of £1000 toward the erection of the building, the memorial-stone of which was laid last April. On February 12th a meeting was held at the Cannon Street Hotel, under the chairmanship of Mr. Carteighe, the President of the Pharmaceutical Society, with the view of taking steps to found some memorial to Mr. Burroughs. After some discussion an executive committee was appointed, consisting of Mr. Carteighe (chairman), Messrs. Radford, Wootton, Frank Smith, John Moss (treasurer), and H. Helbing (honorary secretary). The form which the memorial should take will be settled later, but subscriptions may be sent to the Burroughs Memorial Fund, 63 Queen Victoria Street, E. C. A sum of over £350 was subscribed at the end of the meeting."

MINNESOTA VALLEY MEDICAL ASSOCIATION.

—The following officers have been elected for the year: President, Dr. G. F. Merritt; First Vice-President, Dr. O. C. Strickler; Second Vice-President, Dr. A. J. Gillette; Third Vice-President, Dr. G. W. McIntyre; Treasurer, Dr. J. H. James; Secretary, Dr. E. D. Steel.

THERAPEUTICAL SOCIETY OF PARIS.—This year's officers are: President, M. Ferrand; Vice-President, M. Weber; General Secretary, M. Constantin Paul; Secretaries of *Stances*, MM. Grellety and Blondel; Treasurer, M. Dupont.

ATLANTA SOCIETY OF MEDICINE.—The officers of the society for the present year are: Dr. C. D. Hurt, President; Dr. R. R. Kime, Vice-President; Dr. W. L. Champion, Secretary; Dr. L. B. Grandy, Treasurer; and Dr. N. O. Harris, Corresponding Secretary. The Library Committee consists of Dr. W. S. Elkin, Dr. H. P. Cooper, Dr. W. A. Crow, Dr. C. D. Roy, and Dr. L. P. Stephens.

THE NEW YORK POLYCLINIC.—Dr. Francis J. Quinlan has been elected Adjunct Professor of Rhinology and Laryngology.

CORRECTION.—Vol. xvii, page 45, column 2, line 18: "Again, in cases of heartache, palpitation combined with fear of impending death, unable to gulp up wind for relief; after the eructation the pressure and paralysis is diminished and the heart, almost overwhelmed, is freed to do its work." Please read: Again, cases of heartache and palpitation combined with fear of impending death usually gulp up wind before relief. After the eructation, the pressure and the paralysis are diminished and the almost overwhelmed heart is freed to do its work.

DR. THOMAS J. MURRAY, of Butte, Montana, was visiting the hospitals of this city last month.

IN McClure's Magazine for March the new remedy for diphtheria, which promises to reduce the most malignant of diseases to comparative harmlessness, will be described in its manufacture and application, and with numerous pictures, by Hermann M. Biggs and Dr. William H. Park. The writers, through their official connection with the New York City Board of Health, are personally engaged in the production of the diphtheria antitoxin, and write, therefore, from the fullest information.

DR. E. HARLEY BUCKLAND, a graduate of the Philadelphia Dental and The Medico-Chirurgical Colleges, practicing dentistry at Bryn Mawr, Pa., with his good wife, sustained this month a great loss in the death of their only daughter, Miss F. Cora Buckland, an accomplished and handsome young woman in her twenties.

DEATH OF LADY PAGET.—We regret to announce the death of the wife of Sir James Paget. It is not long ago that we chronicled the celebration of the golden wedding of Sir James and Lady Paget.

DEATH OF DR. SAMUEL K. ASHTON.—Dr. Samuel K. Ashton died Wednesday, February 13th, at his residence, 222 South Eighth Street, after a week's illness, of pneumonia. Dr. Ashton was a descendant of one of Philadelphia's oldest families. He was born in this city April 6, 1822, and was educated at Haddington College, of which his father, the Rev. W. E. Ashton, was head master; Germantown Academy and the University of Pennsylvania, graduating from the last-named institution in 1841, and in medicine in 1843. Dr. Ashton practiced his profession for a number of years, when he retired for a period of twenty-five years, but resumed practice about 1882, and actively continued it until the beginning of his fatal illness. For many years he was a warden at Calvary Protestant Episcopal Church, in Germantown, where for some time he resided while out of general practice. He was a life-member of the Historical Society of Pennsylvania, and also of the American Philosophical Society and a mem-

ber of a number of other scientific and medical societies. Dr. Ashton married Caroline M. Smiley, daughter of Thomas T. Smiley, of Philadelphia, surgeon in the United States army. He leaves nine children, two of whom, Thomas G. and W. Easterly Ashton, are also physicians.

AFFLICTION AND JOY.—Professor and Mrs. L. Webster Fox, of this city, recently sustained a great loss by the sudden death of their only son, Thomas Bickerton Fox, just past the age of six years. Following on this great affliction came the glad tidings of the birth of a son, L. Webster Fox, Jr., a bright and healthy infant, that has brought happiness and joy to this much-afflicted father and mother.

DEACONESS HOSPITAL OF DETROIT.—This new institution was recently dedicated. The following gentlemen comprise the officers and staff: President, Dr. Peter Klein; Vice-President, Dr. E. B. Smith; Secretary, Dr. J. F. McPherson; Consulting Surgeons, Drs. D. Maclean, A. W. Ferguson, H. O. Walker; Attending Surgeon, Dr. E. B. Smith; Consulting Physicians, Drs. P. Klein, G. A. Kirker, C. Braum; Consulting Oculist and Aurist, Dr. G. E. Frothingham; Attending Oculist and Aurist, Dr. L. E. Maire; Consulting Gynecologists, Drs. C. H. Leonard, N. W. Webber; Attending Gynecologist and Obstetrician, Dr. J. F. McPherson; Consulting Neurologist, Dr. J. E. Emerson; Attending Neurologist, Dr. W. R. Scurr; Assistant Physicians, Drs. T. J. Parker, O. T. Toepel, M. McColl, A. C. Lee; Board of Directors, *ex-officio*, Drs. L. E. Maire, G. A. Kirker.

The officers of the Medical Society of the District of Columbia for the present year are: Dr. S. C. Busey, President; Drs. Thomas N. McLaughlin and George L. Magruder, Vice-Presidents; Dr. Thomas C. Smith, Corresponding Secretary; Dr. Samuel S. Adams, Recording Secretary; Dr. C. W. Franzoni, Treasurer; Dr. E. L. Morgan, Librarian; Drs. J. T. Winter, E. F. King, C. W. Richardson, Censors; Drs. C. H. A. Kleinschmidt, G. N. Acker, S. S. Adams, G. C. Ober, W. S. Bowen, Board of Examiners.

The officers of the Kansas City Medical and Surgical Society for the year are: President, Dr. F. G. Henry; First Vice-President, Dr. J. W. Foster; Second Vice-President, Dr. Z. Nason; Third Vice-President, Dr. F. W. Schafer; Secretary, Dr. C. M. Stemen; Assistant Secretary, Dr. E. H. Schafer; Treasurer, Dr. P. C. Palmer.

SOUTHWESTERN KANSAS MEDICAL SOCIETY.—The officers for the present year are: Dr. A. C. Graves, of Cherokee, President; Dr. Cole, of Girard, Vice-President; Dr. Cummings, of Bronson, Second Vice-President; J. B. Carver, of Fort Scott, Secretary; Dr. Doan, of Weir City, Treasurer.

GENERAL R. G. DYRENFURTH, an ex-Commissioner of Patents and well-known from his experiments at "rain-making," is a graduate in medicine, his *alma mater* being the Baltimore College of Physicians and Surgeons.

THE ST. LOUIS MICROSCOPICAL SOCIETY.—The lately-elected officers are : Dr. H. L. Rohlfing, President ; Dr. Edward Evers, Vice-President ; Dr. F. Heitzeg, Secretary.

THE Big Four Railway Surgeons' Association has elected Dr. Marsee, of Indianapolis, President ; Dr. C. P. Fry, Mattoon, Ill., Vice-President ; Dr. H. P. Newman, Secretary ; Dr. T. J. Watkins, Editor.

KANSAS CITY ACADEMY OF MEDICINE.—The following officers were elected at the annual meeting : Dr. John Punton, President ; Dr. V. W. Gayle, Vice-President ; Dr. C. F. Wainright, Censor ; Dr. C. Lester Hall, Treasurer.

EIGHTH STATE SANITARY CONVENTION.—The Eighth State Sanitary Convention of Pennsylvania, held under the combined auspices of the State Board of Health and Vital Statistics and of the State Associated Health Authorities, convened in the Supreme Court Room, Harrisburg, January 30, 1895, at 10.30 A.M.

DR. G. F. LYDSTON, of Chicago, delivers, this season, a course of special lectures at the College of Physicians and Surgeons of St. Louis.

DR. WILLIS P. KING, of Kansas City, has been re-elected Secretary of the State Board of Health of Missouri.

THE NEW YORK OPHTHALMOLOGICAL SOCIETY.—Officers for the ensuing year have been elected as follows : President, Dr. F. N. Lewis ; Vice-President, Dr. H. D. Noyes ; Secretary, Dr. F. D. Skeel, Committee on Admissions, Dr. Mathewson, Dr. Dennett, and Dr. Roosa.

ATLANTA CLINIC.—This journal has been enlarged. The editor, Dr. J. Arthur Childs, has associated with him in the editorial work Dr. E. C. Davis, of that city.

REGIUS PROFESSOR OF MEDICINE IN THE UNIVERSITY OF OXFORD.—Professor Burdon Sanderson has appointed to this position, in succession to the former incumbent, Sir Henry Acland.

JOSIAH (at city restaurant).—"Mandy, can you cut your steak? I can't."

Mandy.—"Law, Josiah, that's nothing. I reckon this is the beef and iron we've read so much about."

HONORS FOR PASTEUR.—At a recent meeting of the Municipal Council of Paris, the Superior Normal School was given 1500 francs for the purchase of a bust of Pasteur, and the Council decided that the Rue d'Ulm should be named Rue de Pasteur.

AT the annual election of the College of Physicians and Surgeons of Philadelphia, Prof. J. M. Da Costa was elected President, and Prof. John Ashurst Vice-President, for the ensuing year.

THE following officers were elected at the meeting of the Academy of Medicine and Surgery of Richmond, Va., for the ensuing year : President, W. S. Gordon ; First Vice-President, V. W. Harrison ; Second Vice-President, R. D. Garcin ; Third Vice-President, A. L. Wellford ; Secretary and Reporter, Mark W. Peyser ; Assistant Secretary, W. S. Beazley ; Treasurer, J. T. Woodward ; and Librarian, J. F. Crane.

A LARYNGOLOGICAL SOCIETY has been formed in Vienna under the name of "Wiener laryngologische Gesellschaft." Professor Stoerk has been elected the first president of the new society.

UNDEVELOPED RIGHT HALF OF GENITO-URINARY TRACT IN ADULT.—Paul Delagénère discovered a remarkable arrest of development in a woman aged 34, during an abdominal section. The uterus, instead of having a well-marked right border, was quite flat on the right side. The right tube, ovary, and kidney were all wanting. The left kidney was hypertrophied. The peritoneum was reflected directly from the uterus on to the cæcum, those parts being in direct contact. The anterior layer of this fold was reflected on to the parietes and joined the lower border of the great omentum to the right. The omentum and this layer seemed continuous. The malformations represented atrophy (*sic*) of the right Wolffian body. — *British Medical Journal*.

THIRD INTERNATIONAL DERMATOLOGICAL CONGRESS.—Dr. George T. Jackson, Foreign Secretary for the United States, informs us that the Congress will not be held this year, as proposed. The time of meeting has been postponed because the British Medical Association meets in London this summer, and it was feared by the Executive Council of the Congress that the autonomy and international character of the congress would be imperiled by holding its meeting at the same time and place, as well as that the necessarily divided interests of the British dermatologists would prevent that full exercise of hospitality to the foreign visitors which they so much desired to extend.

As the next meeting of the International Medical Congress will be held in Moscow, in 1896, it is possible that the meeting of the Third International Dermatological Congress may not be held until 1897. — *American Medico-Surgical Bulletin*.

AT a recent meeting of the Board of Trustees of the Methodist Episcopal Hospital, Philadelphia, Drs. Richard C. Norris and George Shoemaker were appointed visiting gynecologists.

EPILEPSY MODIFIED BY INTERCURRENT DISEASE.—In the *Revue de Médecine*, Dr. Lannois has recorded a case which illustrates a curious and interesting peculiarity. The influence of intercurrent ailments upon the frequency or severity of attacks in epilepsy has been long recognized, and the pyrexia has been, at least by some, regarded as the influential factor in suppressing fits during acute illness. Dr. Lannois's patient was a woman who had suffered from attacks ever since childhood, in consequence of an attack of infantile hemiplegia. This patient suffered first from an attack of erysipelas affecting the thigh, and soon after from an attack of typhoid fever. During the attack of erysipelas the fits occurred much less frequently than usual; during the attack of typhoid fever, on the other hand, they took place much more frequently. Dr. Lannois regards these facts as suggesting that the modified frequency of the attacks during acute illness depends not on the febrile process as such, but on the nature of the specific poison, which may, on the one hand, cause an increased frequency of the attacks, or, on the other, lead to their total or partial suppression for a time.—*American Medico-Surgical Bulletin*.

At the last meeting of the Board of Managers of the Howard Hospital, Dr. William Campbell Posey was elected ophthalmologist.

AN International Congress on Childhood will be held in Florence in the spring of 1895. Among the questions to be discussed are the physical, moral, and mental elevation of children, children's hospitals, the care of deaf-mutes and blind children up to the time of their admission into an educational institution, care of poor and abandoned children, reformatories, and vagabondage in its relation to childhood.—*Times and Register*.

THE U. S. Department of Agriculture, Weather Bureau, Washington, D. C., announces that the interest manifested by every class of people in the subject of climate and its influence on health and disease has determined the Honorable the Secretary of Agriculture, through the medium of the Weather Bureau, to undertake the systematic investigation of the subject.

It is hoped to make the proposed investigation of interest and value to all, but especially to the medical and sanitary professions, and to the large number of persons who seek, by visitation of health resorts and change of climate, either to restore health or prolong lives incurably affected or to ward off threatened disease.

The study of the climates of the country in connection with the indigenous diseases should be of material service to every community, in showing to what degree local climatic peculiari-

ties may favor or combat the development of the different diseases, and by suggesting, in many instances, supplementary sanitary precautions; also by indicating to what parts of the country invalids and health seekers may be sent to find climatic surroundings best adapted to the alleviation or cure of their particular cases.

The hearty co operation of the various boards of health, public sanitary authorities, sanitary associations and societies, and of physicians who may feel an interest in the work, is asked to achieve and perfect the aims of this investigation.

No compensation can be offered for this co-operation other than to send, free of cost, the publications of the Bureau bearing upon climatology and its relation to health and disease to all those who assist in the work.

Co-operation will consist in sending to this office reports of vital statistics from the various localities. That these reports may be of value, it is evident to all that they should be accurate and complete, and be rendered promptly and regularly. Blank forms of reports have been prepared so as to occasion as little trouble and labor as possible on the part of the reporter; and will be furnished by the bureau on application.

At the very beginning of the investigation it is not possible to outline precisely the channels through which the results obtained will be made public, but it is hoped to publish soon a periodical devoted to climatology and its relations to health and disease. The publication will probably resemble in size and general appearance the present Monthly Weather Review, the subject matter being, of course, different.

More detailed information will be furnished on application. Mark W. Harrington, Chief of Bureau.

RELATION OF URIC ACID TO UREA ON DIFFERENT DIETS.—According to Ritter, the relation of the uric acid to the urea on a normal diet is 1 to 36; on a mixed diet, 1 to 27.5; on a vegetable diet, 1 to 22. From this it appears that a person subsisting upon a mixed diet eliminates 25 per cent. more uric acid than a person whose diet is vegetable in character, while the person whose diet is exclusively of an animal nature eliminates more than 60 per cent. more uric acid than a person whose diet is vegetable. This fact, taken in connection with the well-known prevalence of gout among beef-eating Englishmen, is very significant. The facts developed in the physiological laboratory are showing us more and more clearly, from year to year, the folly of subsisting upon a second-hand diet. The poisons derived from the flesh of lower animals through flesh-eating are doubtless responsible for a vastly greater number of disorders than we are at present aware of.—*Medical and Surgical Reporter*.

BOOK REVIEWS.

Surgical Pathology and Therapeutics. By JOHN COLLINS WARREN, M.D., Professor of Surgery in Harvard University, Surgeon to the Massachusetts General Hospital. Pp. 832, illustrated. Philadelphia: W. B. Saunders. 1895.

Recognizing the paramount importance of an intelligent comprehension of the part played by micro-organisms in inducing surgical disease, the distinguished Boston professor devotes the first two chapters of his work to the development of bacteriology and the study of surgical bacteriology. An excellent description of the natural history of pathogenetic microbes, the methods of cultivating, staining, and recognizing them affords a serviceable prelude to the account of those organisms which especially concern the surgeon. The pus-producing organisms, the bacillus coli communis, gonococci, the bacillus of tetanus, tuberculosis, leprosy, anthrax, and other diseases are described and figured. This chapter contains a beautiful plate illustrative of actinomyces. These two chapters will supply to many graduates of some years' standing exactly what they wish to know,—i.e., the established and generally accepted doctrines of the new and suggestive science which has arisen since their undergraduate days. The chapters from three to nine inclusive deal with the subjects of hyperæmia, inflammation and its varieties, and the process of repair. Without neglecting anything essential to a portrayal of the pathology and symptomatology of inflammation, Dr. Warren has discarded elaborate discussion of the less important features. Various specific infections are considered in the same concise and practical manner. Chapter XX is devoted to actinomycosis, a subject which until about a decade ago had scarcely attracted the attention of surgeons in this country. Within that time a number of cases have been recognized in the human subject. A good compendious account of this affection is given. Three chapters treat of tuberculosis. The author has utilized his knowledge of recent scientific investigations to present a luminous view of surgical tuberculosis as it appears in bones, joints, and soft parts. Chapter XXVII, on "Diseases of Bone," is full of interest. Four chapters are dedicated to the study of malignant and benign tumors, and a final chapter to the subject of aseptic and antiseptic surgery. The book is up to date, well written, well indexed, and well illustrated.

Diseases of the Ear. A Text-Book for Practitioners and Students of Medicine. By EDWARD BRADFORD DENCH, Ph.B., M.D., Professor of Diseases of the Ear in the Bellevue Hospital

Medical College, etc., etc., etc. With eight colored plates and one hundred and fifty-two illustrations in the text. New York: D. Appleton & Company, 1894.

There are several features which will commend this work to the reader. It is written for the benefit of the general practitioner as well as the specialist. Stress is laid upon the fact that in many instances disease of the ear is but a local manifestation of a systemic condition. Much attention is devoted to the importance of a thorough functional examination. The work is divided into five sections, the first of which treats of the anatomy and physiology of the ear; the second, of diseases of the conducting apparatus; the third, of the surgery of the conducting apparatus; the fourth, of diseases of the perceptive mechanism; and the fifth, of complicating aural affections. The clinical history of the different disorders is given in an interesting style, and the paragraphs upon treatment are direct and practical. The book is, on all points, an exposition of the personal views and experience of the author. This statement applies particularly to his teaching in regard to operative procedures upon the middle ear. The work is liberally illustrated.

Transactions of the American Orthopædic Association, Eighth Session, held at Washington, D. C., May 29, 30, and 31, 1894. Volume vii. Philadelphia: Published by the Association, 1895.

This is a flourishing society and instructive papers are always to be found in its Transactions. The present volume contains several communications on the subject of club-foot, and a number of authors discuss the value of Phelps's open-incision method. Dr. James E. Moore, of Minneapolis, gives the reasons why, in certain cases, this operation is to be preferred, while in others it is an unsuitable procedure. Deformities at the hip-joint also deservedly occupy considerable space. An interesting contribution is by Dr. Henry Ling Taylor on the relation of infantile scorbutus to orthopædic practice. Various tubercular and rachitic deformities are discussed by different authors. The papers are brief, practical, and pointed. Among those represented in this volume are: Dr. E. H. Bradford, Boston; Edmon Owen, of London, England; Nicholas Grattan, of Cork, Ireland; Prof. Adolph Lorenz, of Vienna; Dr. Benj. Lee, of Philadelphia; Dr. de Forest Willard, of Philadelphia; Dr. V. P. Gibney, of New York; Dr. Dillon Brown, of New York; Dr. John Ridlon, of Chicago; Dr. M. Schede, of Hamburg, and many others equally well known.

International Clinics. A Quarterly of Clinical Lectures by Professors and Lecturers in the Leading Medical Colleges of the United

States, France, Great Britain, and Canada. Edited by JUDSON DALAND, M.D., Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in University of Pennsylvania; J. MITCHELL BRUCE, M.D., F.R.C.P.Lond., Physician and Lecturer on Therapeutics at Charing Cross Hospital; DAVID W. FINLAY, M.D., F.R.C.P.Aberdeen, Professor of Practice of Medicine in University of Aberdeen, Scotland, etc. Vol. iv, third series, 1894; Vol. ii, fourth series, 1894; Vol. iii, fourth series, 1894. Cloth. 8vo. Pages, respectively, 352, 358, 369. Philadelphia: J. B. Lippincott Co., 1894. Price per volume, cloth, \$2.75; half-leather, \$3. (Sold only by subscription through regular agents, or forwarded by the publishers, express prepaid, on receipt of price.)

Each volume of this well-conceived and well-executed undertaking contains many admirable lectures. It constitutes, as a whole, a most valuable library of reference, and one which appeals most forcibly to the general practitioner. For, in the first place, the lectures are, for the most part, upon diseases which all are liable to meet with; in the second place, description is concentrated chiefly upon those points concerning diagnosis and treatment which are of most use to the physician; and, thirdly, the lectures furnish a summary of the clinical study and therapeutic methods of the principal capitals of the world. In the volume before us, for instance, the first lecture is by Professor Thomas Oliver, of Durham, Eng., upon "Uræmia and its Allies," with especial reference to puerperal eclampsia, a subject which he is peculiarly fitted to treat. Another lecture is by Dr. Dyce Duckworth upon "Jaundice from Obstruction in the Common Bile-Duct." The important topic of the diagnosis of aneurism of the aorta is discussed by Dr. G. A. Gibson, of Edinburgh; Dr. E. Grawitz, of Berlin, speaks of morbus Basedowii. Professor Ernest Leyden, of Berlin, treats of a case of acute myelitis. "Tumors of the Neck" is the subject of J. W. Hulke, of London, Eng. Professor T. Pickering Pick, of London, has a lecture upon the radical cure of hernia. Professor D. A. K. Steele, of Chicago, studies a most interesting case of melano-liposarcoma of the left kidney weighing seven pounds, in a child 16 months old. Professor James H. Dunn, of Minneapolis, speaks of suprapubic lithotomy and inguinal colostomy. Professor Matthew D. Mann, of Buffalo, lectures upon gonorrhœal salpingitis. Professor William H. Wathen, of Louisville, has a lecture upon cystic tumors arising in the uterine adnexa; Professor D. B. St. John Roosa, upon scopolamine and glaucoma, astigmatism, and other forms of eye-trouble, etc., etc. The foregoing citations

will show the range of subjects discussed, while many more, of equal interest, want of space forbids us to mention.

A System of Legal Medicine. By ALLAN MC-LANE HAMILTON, M.D., Consulting Physician to the Insane Asylums of New York City, etc., and LAWRENCE GODKIN, Esq., of the New York Bar. With the collaboration of Prof. James F. Babcock; Lewis Balch, M.D.; Judge S. E. Baldwin; Lewis E. Binsse, Esq.; A. T. Bristow, M.D.; C. G. Chaddock, M.D.; George Ryerson Fowler, M.D.; W. S. Haines, M.D.; Charles Jewett, M.D.; C. K. Mills, M.D.; Judge C. E. Pratt; F. R. Sturgis, M.D.; and others. Illustrated. Volume ii. New York: E. B. Treat, 1894.

The second volume of this treatise contains a number of valuable articles by writers of experience and eminence. The important subject of insanity in its medico-legal bearings is from the pen of one of the editors, Dr. Hamilton. The symptoms, causes, course, and physical signs of insanity are clearly described. The different forms of alienation are depicted, and the manner in which its unfortunate subjects are brought within the purview of the physician and jurist. Kindred topics are treated by Calvin S. Platt, Dr. B. Sachs, and Lewis E. Binsse. An important and timely paper is that by Dr. Hamilton and Dr. George de Forest Smith. Now that electricity is so extensively utilized, its physical effects upon man are often forced upon our attention. We need to study the lesions and symptoms produced. The troublesome subject of accident cases is considered by Lawrence Godkin, Esq. The estimate of the significance of mental distress as an element of damage in suits to recover for personal injuries is a difficult one, more interesting from a legal than a medical point of view, and is discussed by John E. Parsons, Esq. The feigning of diseases of the mind and nervous system opens up a difficult field of investigation, which is taken up in this volume by Dr. Philip Coombs Knapp. Surgical malpractice is the theme of Dr. George Ryerson Fowler, and is one which will appeal particularly to active practitioners. Questions relating to accidents of birth, abortion, and infanticide, and the medico-legal relations of genito-urinary and venereal affections are expounded, respectively, by Dr. Andrew F. Currier, Dr. Charles Jewett, and Dr. F. R. Sturgis. This volume contains a number of other interesting articles, and is concluded by an appendix containing extracts from the laws of the different States and Territories of the United States which relate to the general care of the insane. The work is well indexed, and some of the illustrations are very beautiful.

COMMERCIAL NEWS.

BRAVO! LYMAN D. MORSE.

He is now sole owner of one of the greatest advertising agencies in existence. The expected has come to pass. It wasn't a bit of a surprise to the advertising world to learn that Lyman D. Morse had succeeded as sole owner to the famous business of the Bates & Morse Advertising Agency. This happened several months ago. Everybody who had ever met Mr. Morse realized that he was a coming proprietor of one of the greatest advertising agencies in this or any other country.

Every business man who advertises and every executive of a newspaper or periodical knows Lyman D. Morse.

For fourteen years Mr. Morse was connected with J. H. Bates, first in charge of a department, but very soon as manager, for Mr. Bates was quick to recognize Mr. Morse's ability and wonderful grasp of the advertising business. When Mr. Bates, who had been forty years established in business, retired from active work in 1890, Mr. Morse had sole charge of the business, and it prospered marvelously under his care. He became a partner in January, 1893. Mr. Morse bought out Mr. Bates's interest early last summer, continuing, however, the established firm-name of the Bates & Morse Advertising Agency.

Now Mr. Morse has changed the name to the Lyman D. Morse Advertising Agency. Mr. Morse, besides brains, ability, and a special aptitude for the advertising business, possesses a large capital. His acquaintance with men of means who advertise is extensive, and his friends among them are numbered by the hundred, for he has won their implicit confidence and respect by his methods and his integrity. Mr. Morse never makes a promise which he may be unable to fulfill.

Mr. Morse surrounded himself during the days when he was manager of the Bates Agency, and later part proprietor, with an able corps of assistants, and now that he is sole owner of the business he will make no changes. He does not think his men could be improved upon.

Mr. Morse carries with him on his career the hearty good-will of thousands of friends. —*New York Recorder*.

PRACTICE FOR SALE.

I have an unusually desirable location, delightful residence and surroundings in the most beautiful part of the State of Delaware. Prac-

tice pays about \$2000; no competition. Fish, crabs, and oysters landed within a hundred feet of the house. Fine agricultural country; healthy, vigorous, salt-water location. Low price; easy terms. For further particulars mention this journal and address George J. Meekins, Cambridge, Md.

RUSSIA'S EMPRESS GAINS STRENGTH.

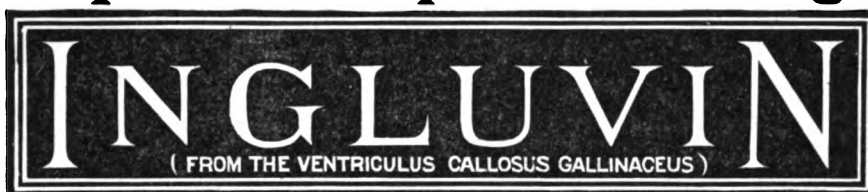
The producers of "Mariani Wine" (Vin Mariani) should, according to report, soon have a splendid market in Russia for their nerve and brain tonic, as the Dowager Empress has, at the suggestion of the Princess of Wales, drunk it, since the death of her consort, with the most remarkable and beneficial results. It seems that her Majesty is one of the many delicate persons with whom stimulating drugs like quinine, iron, and Peruvian bark disagree, but such is not the case with the wine tonic referred to. It is well known that the Princess of Wales also derived increased strength of brains and nerves from it during her last great trials. Moreover, in consequence of the benefits obtained by the Empress, a great demand for this tonic has sprung up among ladies of Russian aristocracy suffering from "nerves." —*The Court Journal*, London, January 12, 1895.

SOMATOSE CHOCOLATE.

Somatose consists of the albumoses, or active nourishing elements of meat, together with its nutrient salts. Somatose occurs as a powder which is tasteless, odorless, and readily dissolves in ordinary fluids. The chief advantages of this preparation as a food for the sick are: First, that it is much more nourishing than meat, having eight times the strength of the latter. Second, that it does not disturb or overtax the stomach, and, as its ingredients are already partially digested, it can be administered in gastric and intestinal troubles where meat would not be tolerated. Third, that it is entirely taken up into the system and rapidly produces a gain in flesh and strength. Fourth, that unlike other preparations of meat, it actually increases the appetite. Fifth, that it is odorless and tasteless, and can be taken for a long time without exciting repugnance. Somatose Chocolate contains 10 per cent. Somatose. It is a delicious preparation suitable for eating or drinking and easily tolerated by the most delicate stomach. This preparation combines all the nourishing properties of Somatose with the remarkable stimulating and invigorating effects of chocolate.

(Continued on advertising page 18)

Superior to Pepsin of the Hog.



A Powder:—Prescribed in the same manner, doses and combinations as Pepsin.

A most potent and reliable remedy for the cure of Marasmus, Cholera Infantum, Indigestion, Dyspepsia and Sick Stomach

It is superior to the Pepsin preparations, since it acts with more certainty, and effects cures where they fail.

A SPECIFIC FOR VOMITING IN PREGNANCY

In Doses of 10 to 20 Grains.

PRESCRIBED BY THE MOST EMINENT PHYSICIANS IN EUROPE AND AMERICA.

THE FOLLOWING LETTER WAS RECEIVED BY MESSRS. WM. R. WARNER & CO.:

"I have to acknowledge duly having received the Ingluvin which you were good enough to send me for the purpose of proving the therapeutic effects of this excellent medicine amongst my clients, from Messrs. Warner & Co.

"The results which I have obtained in my dispensary for sick children, together with my private cases, have been extremely satisfactory. In fact, I have treated various cases of dyspepsia in which the patients, fully prostrated and without power to digest their food, have—thanks to the use of Ingluvin—been rapidly cured.

"In the case of 'apepsia,' or loss of appetite, in children, accompanied with diarrhoea, I have obtained good results from the use of Ingluvin, which therapeutic agent is extracted by the house of Warner & Co. from the stomach of the chicken.

"I have also found Ingluvin useful in the organic complaints of the stomach, and in the indomitable vomiting and painful dyspepsia to which women are subject during pregnancy. I have employed the agent, moreover, in the convalescent state of many patients, when I have not only noted the alteration of the gastric secretions, but of the extreme instability of the stomach.

"I have not the least doubt that the Ingluvin, of which you have the sale in Spain, will, in a short time, become a substitute for pepsin on account of its being more active than the latter; but, as is only logical, you should obtain a rapid result by bringing this preparation to be known in all Spain by the opportune measures you usually adopt.

"Hoping you will have the justice to manifest to the manufacturer the results I have obtained with Ingluvin, I am," &c.

DR. F. VIDAL SOLARES, Barcelona, Spain.

JOHNSON'S ESSENCE OF CARIKOLA

(PAPOID AND KOLA)

representing the full digestive properties of Papoid and the medicinal activity of Cola Acuminata.

A powerful digestant of meat, milk and other foods.

Tonic; stimulant of natural digestion; restorative of disordered assimilation.

Stimulant of muscular and mental activity.

Essence of Carikola is a perfect substitute for the many essences, wines, elixirs, etc., of pepsin and pancreatin now in the market; is more efficient as a digestive agent for use in predigesting food for invalids, etc., and far superior as an assistant to natural digestion.

It is free from all animal taint, odor or poison, and possesses a delicate and agreeable flavor.

VINO-KOLAFRA (WINE OF KOLA)

containing all the active constituents of fresh Kola Nuts (Cola Acuminata) tonic, stimulant, carminative, diuretic, aphrodisiac.



SOLE AGENTS,

JOHNSON & JOHNSON, 92 William Street, New York.

MCARTHUR'S SYR. HYPOPHOS. COMP.

After an attack of the grip the patient finds himself in a state of extreme weakness and prostration, from which condition he is tediously brought to his former good health. Remedies which stimulate his exhausted nerves too vigorously do so at the expense of his general condition. Then comes the relapse. Syr. Hypnos. Comp. McArthur conveys to the tissues the revivifying and vitalizing agent, phosphorus, in its most oxidizable and assimilable form. Thus the true vitality of the nerve-structure is restored by renewing the nutrition of the tissues themselves.

WHEREVER a powerful cerebro spinal stimulant is needed physicians will find "Kolavin" to be a reliable remedy for the purpose, as it contains Caffeine, Theobromine, and Kolanin; and, being made direct from fresh (undried) Kola-nuts, possesses unimpaired the same remarkable tonic properties attributed to the fresh Kola-nuts. Each tablespoonful dose contains 30 grains of the fresh (undried) Kolanut. Samples of "Kolavin" and literature on Kola may be obtained by applying to F. Stearns & Co., Detroit, Mich., the introducers of Kola to the commerce of the United States.

ADHESION OF PLACENTA, WITH
HÆMORRHAGE.

I had a bad case of adhesion of placenta, with dangerous hæmorrhage. With ergot and *Sanmetto* the danger was at once removed, and by continued use of *Sanmetto* patient, although very weak from loss of blood, improved rapidly, and is now up and about the house helping about her work. In sixty years' practice, with an attendance upon more than three thousand child births, I have used no medicine that seemed to hit the case better than *Sanmetto* in this instance. I am now in my eighty-seventh year and have practiced since 1832. S. G. MATSON, M.D.

VIOLA, IOWA.

SINCE chronic constipation so often depends upon inactivity of the muscular fibres of the intestine with a consequent diminution of peristaltic action, we naturally turn for relief to those agents whose physiological action is chiefly exhibited along the line of stimulation of peristalsis by giving tonicity to the involuntary muscular fibres of the intestinal tract. Among these is Belladonna. By combining it with such synergistic drugs as Aloin and Strychnine better results are obtainable than by the use of either singly. If Ipecac is added to this combination a practically ideal tonic

laxative is obtained. A granule called "Lapactic" presents this combination nicely coated with gelatin or sugar. This is by far the best method of prescribing these unpleasantly bitter drugs. We believe that Sharp & Dohme make a pill of that name, and, if so, samples could be obtained from them for trial.

BUFFALO LITHIA WATER IN BRIGHT'S DISEASE OF THE KIDNEYS, URIC ACID DIATHESIS, ETC.

Extract from "Report on Therapeutics and Practice of Medicine," by E. C. Laird, M.D., Haw River, N. C., read before the Medical Society of the State of North Carolina, May, 1894:—

"During the last season (as resident physician at the Springs), your reporter used the Buffalo Lithia Waters, Nos. 1 and 2, extensively in almost every form and stage of acute and chronic Bright's disease of the kidneys and diabetes with most gratifying results. This action of these waters cannot be attributed to the effect of the large quantity of pure water passed through the system, as suggested by some writers, for, in many instances, the beneficial effects produced by one spring would be greatly enhanced by change to the other, and *vice versa*, showing some special curative action of each water in the individual case.

"This I attribute to two well-established effects of the waters: first, their powerful solvent and eliminating action on uric acid, which is considered by Tyson and others the principal excitant of Bright's disease, and, secondly, to their nerve-tonic properties, thus embracing the wide range of adaptability to the cause of trouble, whether commencing with "mind-strain" from overwork, worry, or sorrow, as suggested by Drs. Thorn, Howard, and Flint in Virginia Medical Monthly, May, 1894, or to one or more of the diatheses, either gouty, rheumatic, phosphatic, oxalic, lithæmic, or diabetic."—From the "Transactions of the Medical Society of the State of North Carolina," May, 1894.

FELLOWS' SYRUP OF HYPOPHOSPHITES.

Lawson Tait, Esq., F.R.C.S. Eng. and Edin., M.S.S. Ireld., Obs. S. Dub. and Berlin, Surg. Brm. and Med. Hosp. for Women, Cons. Surg. W. Bromwich Hosp., author of "Diseases of Women," etc., 7 Gt. Charles St., Birmingham, England, says: "I have found Fellows' Syrup of Hypophosphites very useful in the special diseases of women where anæmia is the leading symptom.

LAWSON TAIT, F.R.C.S.

"TO MR. FELLOWS."

Packer's

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
FINE-TAR, AND GLYCERINE.

Tar Soap.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhoea, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bedsores, and similar conditions. Superior to grease or oils for making gynecological examinations: they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

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THE INTERNATIONAL REPUTATION OF

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BAKER'S COD-LIVER OIL

Recognized as **THE BEST.**



BAKER'S Pure Norwegian Oil.
BAKER'S Emulsion with Hypophosphites.
BAKER'S Cod-Liver Oil with Malt Extract.
BAKER'S Cod-Liver Oil and Wild Cherry.

Agents for Barlett's Pile Suppositories.

Prescribed by LEADING PHYSICIANS.

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ADEPS LANAE, "N. W. K."

A Pure Neutral

Wool Fat and

PERFECT

OINTMENT BASE.



Highly Recommended by

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Prof. RUDOLPH BENEDICT,
Dr. H. BECKURTS,
Dr. CARL ARNOLD, and others.

ADEPS LANAE, "N. W. K." is prepared from the suint by mechanical methods and composed, in contradistinction to other mixed wool fats, of the most advantageous constituents of the pure neutral fat. Unsurpassed for the preparation of medicinal salves and ointments. More economical in price and use than similar preparations. For literature and information apply to the

ADEPS LANAE CO., 99 Nassau St., New York.

COMMERCIAL NEWS.

AN ANODYNE HYPNOTIC TO REPLACE MORPHINE.

In the administration of remedies to relieve pain, the elements of exhilaration and exaltation should be considered. Morphine, opium, Indian hemp, and many others produce such delightful sensations as to make them alluring and dangerous in administration. Such is not the case with antikamnia. It is simply a pain-reliever, not a stimulant, not an intoxicant; not disposed to arouse day-dreams and lift up one away from the carking cares of life, and make him feel that he has entered the heavenly gates, as do some of the so-called pain-relievers. Antikamnia, opposed to pain as it is, carries with it only rest, only tranquil nerves, only absence of pain; and sleep comes, in the majority of cases, quickly and gently.

It has to a very large extent displaced morphine and various pharmaceutical preparations of opium, and in so doing it has placed the profession and the public generally under a great obligation. The debt of gratitude due to the projectors and manufacturers of this valuable preparation can be surmised only when we take into consideration the remarkable decrease in the victims of the morphia habit made possible by its introduction into practical therapeutics. It has the pain-abolishing and heat-producing qualities of the coal-tar compounds of the aromatic series, and shares with them powerful antiseptic effects. It is easily administered, being free from odor and practically also without taste; it agrees with the digestive organs, acting as a sedative and antiferment in the stomach, and after adsorption exerts a marked anodyne action upon the sensory nervous system, and favors sleep without being directly a narcotic. It produces no unpleasant after-effects, and there is no danger of forming a habit, as it is only indirectly an hypnotic. In ordinary doses it is free from any toxic or poisoning effects.—*Medical Intelligencer*.

USES OF ANTIKAMNIA.

Pain, while being conservative, is oftentimes unkind and must needs be modified and controlled. Remedies like morphia which

tie up the secretions are often objectionable. Antikamnia has no such unfavorable effects. As a reliever of neuralgia dependent upon whatever cause, and rheumatism and gout, it is of great value. In the intense pains ever present in the pelvic disturbances of women, cellulitis, pyosalpinx, *et al.*, it is to be preferred over opiates.

For a headache, whether congestive or dependent upon a disordered stomach, 10 grains of antikamnia, with 15 or 20 drops of the aromatic spirits of ammonia, well diluted with water, is admirable and acts like magic.

In painful menstruation, 5 or 10 grains of antikamnia given in a little hot toddy, and repeated every one or two hours until two or three doses are taken, may be relied upon to bring relief.

In the preliminary, nagging first stage of labor, where often sleep and rest are lost for twenty-four or forty-eight hours, 10- to 15-grain doses of antikamnia given as above will produce tranquility and quietude, and often a full night of repose will be secured prior to the onset of the real labor.—*Medical Mirror*.

BOTH SAFE AND SOUND.

The safest remedy we have to relieve pain is Antikamnia. The safest internal antiseptic is Salol. And the safest tonic is quinine. They are as sure as they are safe. Prescribe the drugs in "Antikamnia, Quinine, and Salol Tablets," containing Antikamnia, 2 grains; Quinine, 2 grains; and Salol, 1 grain.—*Food*.

TO BREAK UP A COLD.

It is said that a "cold" is a filth-disease. Then get rid of the filth. Not by eating heartily, and thus feeding the flames, but rather by dieting for a few hours. Take a hot bath at bed-time, or, if in robust health, a hot general bath. Take a saline cathartic, a seidlitz-powder, or a dose of Hunyadi water. Drink a bowl of hot lemonade and go to bed. Then begin to take "Antikamnia, Quinine, and Salol Tablets," composed of Antikamnia, 2 grains; Quinine Sulphate, 2 grains; and Salol, 1 grain. The aches and pains will disappear, the fever will subside, and you will be saved days of suffering.

Do not give up that Case of
Eczema, Doctor, without trying

NOITOL

now recognized as the almost in-
fallible remedy in all forms of Skin
Diseases.

ANADOL

(ANTIPYRETIC AND ANALGESIC) is useful in Neuralgia, Typhoid Fever, La Grippe, Sciatica, Acute Rheumatism, Hemicrania and allied affections. It reduces temperature and relieves pain, without subsequent ill effects. Price, per oz., 25 cents; per 100 Tablets (5 gr.), 50 cents. Samples of above sent on application to

TRADE SUPPLIED BY SHOEMAKER & BUSCH, PHILA.

WHEELER CHEMICAL WORKS, 153 Lake St., Chicago, Ill.

"YALE" SURGICAL CHAIR.



Fig. 1.—Normal.

The ONLY chair in which all the movements known to modern surgical and gynecological work are combined, together with new and valuable features. It is simple in mechanism, strong in construction, beautiful in design and easily understood and operated.

A few of the positions are: normal, reclining, semi-reclining, horizontal, $\frac{1}{4}$ length, dorsal, Sims's, right or left lateral oblique, dorsal with hips raised, side tilt, raising or lowering, chloroform narcosis, rotating, etc.

Send for Catalogue.



Fig. XVII.—Dorsal.

CANTON SURGICAL AND DENTAL CHAIR COMPANY,

No. 62, 64, 66 East Seventh Street, CANTON, OHIO.

Sole Manufacturers of "Yale" Surgical Chairs, Gould Dental Chairs, Fletcher Fountain Spittoons, Duplex Cord Dental Engines, Wilcox Spiral Dental Engines, Etc., Etc.

Elixir Phosphorus Comp.

The difficulty experienced in dispensing Phosphorus in a safe, accurate, and agreeable form has for many years been the greatest drawback to the extensive use of this valuable remedial agent. In this preparation all of these objections have been thoroughly overcome; it is absolutely reliable, non-irritating, and very pleasant to the taste. Each fluid-dram or teaspoonful contains one one-hundredth (1-100) of a grain of Free Phosphorus held in perfect solution and of assured stability, keeping without oxidation or change for any length of time. It may also be combined with other preparations, such as Tinct. Nux Vomica, Tinct. Ignatia Amara, Tinct. Cinchona Comp., Elixir Iron, Quinine, Strychnia, etc. The quantity of Phosphorus in each teaspoonful being assured to the Physician, he can readily prescribe this Elixir with confidence and advantage to the patient.

Prepared by **ROBT. T. YOUNG, Apothecary,**
1600 CHESTNUT ST., PHILA.

Professor Shoemaker says: "In medicinal doses the action of Phosphorus upon the nervous system is that of a tonic and stimulant. It is useful in nervous debility, neuralgia, sexual excesses, anæmia, paralysis, melancholia, morphinomania, rickets, boils, acne, eczema"—*Vide Materia Medica and Therapeutics*, vol. ii, pp. 8-10.

A TEXT-BOOK OF DISEASES OF THE SKIN,

By **JOHN V. SHOEMAKER, A.M., M.D.,**

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia; Physician to the Philadelphia Hospital for Diseases of the Skin; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, of the American Academy of Medicine, and of the British Medical Association; Fellow of the Medical Society of London.

8vo. With Six Chromo-Lithographs and Numerous Engravings. Price, in Cloth, \$5.00, Postage Prepaid.

"It is everything a text-book should be, concise, clear, exhaustive, and well illustrated."—*Nashville Journal of Medicine and Surgery*.

"This book has an advantage, for the general reader, over most works on diseases of the skin, in that the new dermatological technical words and phrases are dispensed with as much as possible. The treatment recommended is such as almost any practitioner may carry out."—*Journal of the American Medical Association*.

"The descriptions of the clinical features of the different diseases, their differential diagnosis, etiology, and pathology are clear, concise, and sufficiently complete. The therapeutical part of the book constitutes its distinctive and most noteworthy feature."—*Journal of Cutaneous and Genito-Urinary Diseases*.

"The description of the therapeutics of the drugs and substances employed is very full, and leaves nothing to be desired."—*London Medical Press and Circular*.

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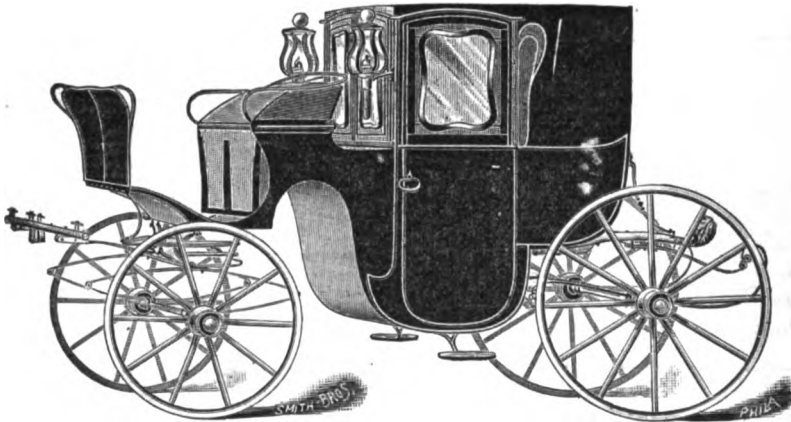
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THE GREGG CARRIAGE CO.,

**N. E. Cor. Arch and Twelfth Streets,
PHILADELPHIA, PA.**

**In our three large show-rooms you can always find several new styles
of Physicians' Carriages.**

PRICES REASONABLE. WORKMANSHIP EQUAL TO THE BEST.



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BROUGHAMS, COUPÉ ROCKAWAYS,
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CLINICAL LECTURE.

*SUBACUTE PLEURITIS WITH EFFUSION; PARACENTESIS.**

By J. M. ANDERS, M.D., Ph.D.,

Professor of the Practice of Medicine and Clinical Medicine
at the Medico-Chirurgical College; also Visiting Physician
to the Medico-Chirurgical and Philadelphia Hospitals, Philadelphia, Pa.

GENTLEMEN: The first patient to whom I invite your attention is H. C., aged 28 years, an ardent student in the Philadelphia Dental College. The family history is not good, his father having died of pulmonary tuberculosis and his mother of some chronic bronchial trouble. He has had a few of the diseases incident to childhood, including measles. For a number of years past he observed slight enlargement of certain lymphatic glands, notably those of the right axilla, but his general health had remained good till December 15, 1894, when, after a few hours' exposure to cold, he felt, suddenly, a sharp pain in the region of the heart and, a little later, a stitch-like pain in the midaxillary region, which pain was much increased on deep inspiration. He, however, did not betake himself to bed, but continued his active duties as a student, and, after the lapse of ten days, the pain had, in great measure, disappeared. There remained, however, a feeling of tenderness and weight in the left antero-lateral portion of the chest. February 20th, or more than two months after the onset of his illness, he requested me to examine his chest, stating, at the same time, that he had been troubled with cough, expectoration, and considerable dyspnœa, especially noticeable after exertion. After learning the above

history of his case, as the result of interrogation, I made a physical exploration of his thorax. An inspection showed relative enlargement of the lower half of the left side, with partial effacement of the intercostal spaces. The expansile movements over the same area were greatly limited, while those on the opposite side were relatively increased. The apex-beat of the heart was absent from its normal position, though a feeble, diffuse impulse was noticeable in the fourth and fifth interspaces to the right of the sternum. Slight epigastric pulsation was also present. There was no cyanosis of the skin or mucous membranes anywhere, but the breathing was labored. The tactile fremitus was absent over the lower two-thirds of the left lung and greatly diminished as high as the second interspace in front and the spine of the scapula posteriorly. There was flatness to percussion from the base of the lung to the second rib anteriorly, and to a point one inch below the spine of the scapula posteriorly; while at the extreme apex Skodaic resonance was marked. On auscultation there was absence of the respiratory murmur and vocal resonance over the area of flatness just described, while over the sound lung the respiratory sounds were exaggerated. On introducing the hypodermatic needle some serous fluid was easily withdrawn. The diagnosis of sero-fibrinous pleurisy was readily made from this unimpeachable evidence. Two days thereafter aspiration was performed, and about twelve ounces of serum were allowed to drain away slowly. Two days later still, the physical signs were again noted. It was found that the flat percussion-note reached as high posteriorly as the inferior angle of the scapula, and

* Delivered at the Medico-Chirurgical College.

anteriorly as high as the fourth rib. A feeble respiratory murmur was audible from the apex downward to a point corresponding with the upper level of percussion flatness. About one week later, or yesterday, another physical examination was made, which showed that the amount of the effusion had not diminished since the former examination.

I propose to withdraw some of the serum in your presence to-day by the method of paracentesis; but, before so doing, would invite your closest attention to the subject of the indications for this operation. In acute cases, during the febrile period, which lasts usually two or three weeks, the sole object of paracentesis is to avert immediate danger to life. When, therefore, certain indications or warnings arise, prompt interference is essential. These are: serious dyspnoea or orthopnoea, marked displacement of the heart and other viscera, the development of complications in the opposite or healthy lung, and the development of a cardiac murmur. It is also to be recollected that the pre-existence of cardiac disease or some affection of the other lung demands that intra-thoracic pressure, due to the presence of effusion, be relieved at once by aspiration. Again, when there is effusion into both pleural sacs, especially if each be half-filled or more, immediate interference is imperative. The question "How soon after the temperature has defervesced shall paracentesis be performed?" is one frequently asked and variously answered. My own rule, and this is the rule which I should be pleased to have you adopt, is to make a careful examination at the end of the febrile stage, and note as accurately as possible the quantity of liquid present. At the end of one week make a similar exploration, with equally great care; and, if there have been no diminution in the amount of the exudate, you will be justified in resorting to aspiration.

The case in hand belongs to still another class in which the disease is subacute or chronic from the commencement. In such instances the question "How soon shall thoracentesis be performed when the effusion is not absorbed?" is a vital one. The answer, based upon my own practice during many years, is to the effect that from three to four weeks is quite long enough. In this case the effusion has existed, according to the clear history obtainable, not less than two and one half months; hence, the indications for immediate

operation were imperative. Two days after he was admitted into the wards of our hospital aspiration was performed, the amount of liquid withdrawn having been twelve ounces. The appearance of the exudate classes the case as sero-fibrinous pleurisy. Ten days have elapsed since paracentesis was performed for the first time, and during those ten days nature has not succeeded in her attempts to diminish the amount of effusion by absorption. Hence, I will repeat the operation in your presence to day, and, as I proceed, will describe its several steps.

You will observe that the instrument about to be employed is the ordinary bottle aspirator. You will also note that the needle which I propose to employ is fine, being not more than one millimetre in diameter. The small needle possesses great advantages for the patient; it insures the slow withdrawal of the fluid, while at the same time its introduction causes less suffering than a larger one. You will notice that the resident physician, Dr. Warmuth, is engaged in testing the instrument, passing through it some carbolyzed water. You should never fail to make this test, immediately before operating upon the patient, since the instrument frequently refuses to work perfectly when this precaution is not observed. The patient is in the recumbent posture, it being the easiest, and at the same time enables him to lie still after the fluid has been withdrawn, and this he should always do for a couple of days. Since the time of the first operation upon this patient, the pleural sac has been about two-thirds filled with fluid; and, since we are in the presence of the same amount of liquid at this time, I propose to introduce the needle into the eighth interspace, in the mid-axillary region. My first puncture was made two interspaces higher, chiefly for the reason that the amount of fluid in the pleural cavity was greater. Hold in mind, therefore, that when the pleural sac is full or nearly so, you may enter the fifth or sixth interspace; since we do not wish to empty the pleural sac, but simply to take away sufficient liquid to relieve intra-thoracic pressure, and thus put the natural absorbents in a more favorable light for effective work; and, also, that when the pleural sac is one-half or two-thirds filled, we should insert the needle in the eighth or ninth interspace on the left-hand side, while not going lower than the eighth interspace on the right-hand

side, if we would avoid injury to the liver or diaphragm.

We have selected the proper point of puncture, have placed the patient in the recumbent posture, with the head and shoulders elevated, and have tested the instrument to be used. In this connection I desire to utter a strong word of warning against neglecting any and all anti-septic precautions. The needle, hands of the operator, the chest of the patient, all need to be rendered rigidly aseptic. Having done this, I ask the assistant to draw up the skin from the interspace, which it is proposed to enter, while I use the forefinger of my free hand as a director, placing it upon the rib below the same interspace. The forefinger of the hand which holds the needle should guard the latter from one and one-half to two inches from its point. And now, everything being in readiness, I introduce the needle into the pleural sac, not with a slow, boring motion, but a firm, quick plunge. I endeavored to hug the rib below the interspace, which I entered, without striking the periosteum of that rib. You observed that the needle was introduced without causing the patient to wince, and with perfect ease; and the fact that the fluid is flowing in a small stream into the aspirator-bottle, which was converted into a vacuum, shows that the fluid in the pleural sac was successfully reached. Frequently you will find that it will be necessary to puncture at various points before reaching the fluid in the pleural cavity. If the previous examination of the body show that fluid is present, you should not desist after a single trial, but repeat the procedure many times if necessary, always seeing to it that every detail essential to carrying out rigidly the aseptic method is enforced. The reasons for not obtaining the fluid at all times are numerous. Among them we have to remember that the costal pleura may be excessively thickened, or we may meet with a much-thickened fibrous band. Again, the fluid may be strictly localized, owing to its encapsulation. Finally, the needle may become plugged, and, if so, a larger instrument must be employed at the next operation.

You observe that the patient has borne the operation in this case quite well. We have slowly (during the last ten minutes) withdrawn twenty ounces of a serous fluid which is faintly blood-stained. During that time no unpleasant effects occurred. But this happy

and usual result is not always obtainable. There may be, following the introduction of the needle, incessant cough, dyspnoea, a tendency to syncope, marked thoracic constriction, or sudden intense pain, all of which constitute signals to the patient of danger, which must be heeded, and the needle instantly withdrawn if we would obviate a serious accident. In my own experience these latter events are, comparatively speaking, rare; and when they occur, after withdrawing the needle, the patient should be placed in a recumbent posture absolutely, and stimulants administered. The simple measures usually suffice to avert grave consequences. I desire to emphasize the fact that, in cases where the fluid has been allowed to remain in the thoracic cavity for a long time, as in the present instance, the importance of allowing it to drain away very slowly must not be disremembered. If taken away rapidly the parietic pulmonary capillaries are very likely to become the seat of sudden fresh congestion, followed by oedema and oftentimes a speedy fatal termination. Again, a lung that has been compressed for a long period of time cannot, in the majority of instances, rapidly re-expand, and should not be coerced to do so, but rather allowed to re-establish its functional activity in a slow and gradual manner. Indeed, you will find frequently that after the fluid has been removed the lung will refuse to give out audible breath-sounds for days and even weeks.

I trust that you will this day learn this lesson: That the amount of fluid taken at each tapping of the chest should be, comparatively speaking, small. In this instance we removed twelve ounces at the first and twenty ounces at the second aspiration. I am firmly convinced from personal experience, which has been quite extensive as regards this affection and the operation of paracentesis, that, properly performed, the procedure is without risk, and hence there is no valid reason why we should not adopt the plan of removing the liquid in amounts corresponding to those withdrawn in this case, and repeat the procedure at intervals of a few days until nature takes up the work of absorbing what remains. She will often do this after the first tapping.

In the few remaining moments at my command I shall be pleased to direct attention to the subject of the supplementary treatment to this operation, for it cannot be relied upon as

the sole means of effecting a cure. After each operation the patient should be compelled to keep his bed for two or three days, and every available measure that tends to promote the digestive functions, the general nutrition of the patient, and the absorbents should be applied. I shall order in this case a dry diet to be given,—a measure which is doubtless of value to induce absorption, since it diminishes the liquid portion of the blood, thus inviting the blood to make calls upon the liquid contents of the pleural cavity to maintain its normal degree of fluidity. I also prescribed, immediately after the first operation, the following mixture, which I have employed in not less than forty instances, according to my records of cases, with well-nigh unfailingly happy results:—

R Potassii iodidi, . . . ʒiiss.
 Syr. ferri iodidi, . . . ʒss.
 Syr. sarsap. co., . q. s. ad. ʒiv.

M. Sig.: Two drachms three or four times a day; diluted.

I have also found that instructing the patient to take deep inhalations, though not forcible, after paracentesis has aided full re-expansion of the chest, and has seemed to hasten the removal of the remainder of the fluid from the pleural sac. In a few instances a change of air to the sea-side during the winter months, when it was impossible for the patient to spend any time in the open air in Philadelphia, was followed promptly by marked improvement in the general condition of the patient, probably owing to the effect of the sea-air upon the digestive and assimilative functions, and progressive diminution in the pleural exudate. In a couple of cases an absolute cure resulted unexpectedly. We shall, in the course of a few days, recommend this young man to go to Atlantic City for a couple of weeks, but, should the amount of effusion during his stay at that resort show a decided increase (a fact which I have sometimes observed when the general condition of the patient has been improved), it will become necessary to repeat the procedure of to-day. After the pleural cavity has been entirely emptied, there is no better method of re-establishing the functional capacity of the retracted lung than by the judicious, methodical use of light gymnastics. I have on former occasions adduced conclusive evidence concerning the value of this method of

dealing with post-pleuritic impairment of the respiratory function and thoracic abnormalities.

ORIGINAL COMMUNICATIONS.

DIAGNOSIS AND TREATMENT OF TERTIARY SYPHILIS.*

By WILLIAM S. GUTTHEIL, M.D.,
 Dermatologist to the Lebanon Hospital, the Northwestern and
 the German West-Side Dispensaries.

MR. CHAIRMAN AND GENTLEMEN:—

WITHIN the narrow limits of time that are necessarily assigned to each paper this evening, it will be difficult to do more than glance over the extensive field that has been assigned to me. I shall therefore confine myself strictly and literally to my subject,—the diagnosis and the treatment of tertiary syphilis.

As you are doubtless aware, we owe to Ricord the division of the course of the syphilitic disease into the three periods that have become classical. Basing his conclusions upon the orderly succession of events which takes place in most cases of lues, the distinguished French teacher grouped the clinical phenomena of the disease under the following heads:—

1. A primary stage, commencing at the moment of infection and lasting until the time of the appearance of the manifestations of general systemic disease, and subdivided into primary and secondary incubation periods by the appearance of the chancre and the multiganglionic adenopathy, and lasting from eight to ten weeks.

2. A secondary stage, extending from the end of the first period until the time of the appearance of the deeper-seated, localized, and non-contagious manifestations, marked mostly by the occurrence of syphilitic exanthemata and their recidives. Including periods of latency of varying extent, this stage lasts from one to three years.

3. A tertiary stage, or period of syphilitic sequelæ, lasting from the end of the second stage to the termination of the disease, and marked by the occurrence of deep and destructive lesions of the skin, the bones, and the internal organs, with longer and still more variable periods of latency, and lasting an indefinite number of years.

* Read before the Harlem Medical Society, February 6, 1895.

It cannot be denied that the orderly marshaling of the phenomena of the protean disease has been extremely useful, and has helped the study of their occurrence and cure, but it is merely a classificatory clinical device, and does not represent the true life-history of the malady. No line of demarkation can be drawn between the stages; no syphilographer can say, in perhaps the majority of cases, where one begins and the other ends. Exceptional cases were so numerous that Ricord's followers were soon compelled to erect new classes of precocious syphilitic affections and tardy syphilitic affections and galloping syphilis to include them. There is no invariable order as regards time. The gravest accidents, undeniably tertiary in their form, may occur whilst the initial sclerosis is still present; the mildest may happen when the disease has apparently been cured. The tertiary stage does not necessarily follow either a severe or a mild primary or secondary one; in fact, most patients escape it entirely. The secondary stage is sometimes absent. I have cases on record myself in which no other diagnosis than chancre could possibly be made, and in which no secondary or tertiary symptoms have ever appeared. And we have all of us met cases in which a definite primary lesion has not been seen, in spite of the closest professional and personal observation. It is begging the question to call these "pseudochancres" or instances of inaccurate observation. The division, as a time-division, is entirely obsolete. If, nevertheless, we retain it, and speak of a primary, a secondary, and a tertiary syphilis, we do so merely as a matter of convenience and as an aid in classifying the various phenomena of the disease. We understand very thoroughly that when we speak of "tertiary syphilis" we mean not to designate either the time or the order of the occurrence of the manifestations of disease. We refer simply to their character. Certain lesions occurring in the course of syphilis are called tertiary lesions because of certain physical characters that they possess.

By tertiary syphilis, then, we mean those manifestations of the disease that do not appear to be the symptoms of a general disease, but are purely local processes; that are not contagious, and not transmissible by inheritance; which are microscopically granulation neoplasms,—chronic infective granulomata,—

exhibiting marked tendencies to retrogressive and destructive changes. Granting, as we must do, the existence of a micro-organic causative agent for the disease, we may assume, with Finger, that the initial lesion and its accompanying adenopathy are due to the germ itself. The so called secondary lesions are caused by the local presence of the organism and the systemic infection with its ptomaine products, whilst the tertiary lesions are the result of the action of the toxin alone. This view agrees very well with what we know of the phenomena and effects of tertiary syphilis.

We do not know why some patients have tertiary syphilis and others do not. It is apparently a matter of chance, and has no relation to the severity of the earliest symptoms. According to the observations of Haslund, Mauriac, and Neumann, based on a very large number of carefully-observed cases, between 5 and 15 per cent. of all syphilitics get the symptoms called tertiary. It manifests itself, in by far the greater number of cases, in the skin; but all the deeper structures, the fasciæ, muscles, bones, and the internal organs may be affected.

The gumma, cutaneous or subcutaneous, situated in the periosteum, the bones, the muscles, the serous membranes, or the parenchyma of the internal organs, is the characteristic lesion of this stage of syphilis; but, whilst clinically distinct, it cannot be differentiated microscopically from the tubercles and the papules that occur in the later stages of the disease. Its general pathology is as follows:—

1. Infiltration of the tissue affected with small cells, heaped up more especially around the blood-vessels.
2. Death and fatty and cheesy degeneration of these cells; disappearance by absorption or by pus formation and extrusion.
3. Progressive centrifugal course; peripheral increase and central mortification.

The diagnosis of the gumma or specific tubercle will depend largely, of course, on the symptoms that it causes; and this depends on the organ that it invades. It first appears as a small, nodular tumor surrounded by condensed connective tissue. It is situated in the skin or in the subcutaneous or submucous connective tissue, often invading, as it grows, the fasciæ and the muscles below; or it may arise in the periosteum, or in the bones, or in

the serous membranes that cover the internal organs, or in the tissues of those organs themselves. The symptomatology will vary for each organ invaded, and an attempt to describe it in detail would lead us far beyond our prescribed limits. I shall therefore confine myself to the description of the gumma and its course in its commonest and most characteristic location,—the skin.

It appears first as a small, nodular, deep-seated tumor, the skin over which is freely movable and entirely unaffected. As the neoplasm grows in size it gradually involves the epidermic layers; the skin becomes adherent to the tumor and changes in color to a pinkish, or reddish, or coppery hue; finally it becomes brawny and livid. At first firm and dense to the touch, the tumor finally becomes soft and doughy; a sense of fluctuation becomes apparent that is very deceptive; and I must myself confess to having not many years ago opened a large gumma of the buttock, under the impression that I was dealing with a gluteal abscess.

The shape of these gummatous tumors is usually globular or oval, dependent on the anatomical relations of the tissues in which it grows. In the loose subcutaneous cellular tissue of the general surface they are more or less spherical; along the fingers and the toes they are elongated or acorn-shaped.

Their size varies from that of a pea to that of an egg or an orange, but sometimes, when deeply located, they attain a larger size. Frequently they are single, and usually there are not more than half a dozen. Lesfranc records a case, however, in which there were one hundred and sixty gummata on the legs and arms. In the case whose portrait I show you here there were at least fifty of these tumors, situated mostly on the extremities. The majority of them were from one to three inches in diameter, but some, especially upon the legs, were at least eight inches in size. In this case, the most extensive that I have ever seen, the entire upper extremities were covered with a succession of enormous ridges and tumors, forming a most striking picture, and, when breaking down and ulceration occurred, the patient succumbed to the enormous suppurative process and died from cutaneous gummata. It was an exceptional case; the tumors are usually isolated, indolent, and insensible, and they rarely cause constitutional disturbance.

After remaining in the formative and the softening stage for a period of weeks or months, the ulcerative stage sets in. The dusky skin is perforated in one or more places, and the liquid disintegrated products exude in the form of a thick, gummy fluid. From this characteristic exudation product the lesion takes its name. A gummatous ulcer is left behind, with deep, circular, excavated margins; thick, adherent borders; an indurated wall, and a dirty, sloughing base. The deeper cellular growth, now relieved of the restraining and retaining pressure of the skin, projects the gummatous growth upward. Thus tuberos masses and fungoid tumors are formed, which may project a considerable distance above the level of the surrounding integument. These masses of disintegrated and decomposing tissue, covered with sloughs and foul discharges, render the patient with ulcerative gummata a loathsome and repulsive object.

Finally the reparative stage sets in. The neoplastic and dead tissue is cast off; if ulceration has not set in the neoplastic matter is absorbed and recovery ensues, with, of course, the loss of a certain amount of tissue at the site of the tumor, and its replacement by connective tissue. If ulceration have occurred the dead tissue is gradually cast off with abundant suppuration; healthy granulations spring up; repair slowly takes place, with the formation of stellate cicatrices. The aponeuroses and muscles may have been destroyed, the bones may have been laid bare, and deforming scars, salivary fistulæ, ectropia, perforations of the palate, the vomer, and even the tables of the skull may be left behind to mark the ravages of the disease.

The differential diagnosis of the gumma is sometimes not an easy one. It is fairly typical in its usual form; but, if single and unaccompanied by other syphilitic manifestations, it may be confounded with lipoma, fibroma, sarcoma, a suppurative adenitis, or an ordinary abscess. It is quite useless to inquire into our patients' histories; they lie, or they don't know. Objective evidences of past syphilis are of some help; the presence of genital cicatrices, of old indurated ganglia, of dermal scars and pigmentations, of ocular changes, and of osseous nodes may help us to a diagnosis. In addition to the characteristics of the gumma both in its early and in its exulcerated form, the following are the chief distinguishing

marks of the diseases with which it may be confounded :—

1. Lipoma is less globular, flatter, and more diffuse; it is softer than the gumma, and does not show the typical inflammatory and ulcerative stages.

2. Fibroma is unprogressive, non-inflammatory, and non-suppurative.

3. Sarcoma is multiple and generally distributed. The tumors are small and show a predilection for the trunk. The skin covering them is purplish or bluish, and they never disappear by resorption.

4. Epithelioma presents great difficulties of diagnosis, especially when situated on the genitals or in the mucous cavities. It is almost always single, and has a very slow course. Pain is a prominent symptom, and glandular involvement, cachexia, and the age of the patient help the diagnosis.

5. Ulcus cruris shows evidences of the past or present dermatitis that caused it, extending far beyond the ulcerated area. It is situated on the lower third of the leg almost invariably, and is surrounded by ectatic veins. The deeper tissues are not affected.

6. Sclerosis or initial lesion is frequently confounded with a small ulcerative gumma of the genitals. It is, however, essentially a tumor, a heaping up, and not a loss of tissue; the characteristic hardness is wanting, and there is never the deep loss of tissue and undermining ulceration of the gumma.

7. Abscess. The distinguishing signs are few when the gumma has already broken down. Pain and throbbing; a rapid course will often enable us to distinguish it. Only too often, however, the diagnosis is not made until after the attempt is made to open it, when instead of pus a scanty, sanious, gummy fluid is all that is obtained.

Iodine and its compounds are our main reliance in the treatment of tertiary syphilis, but mercury fulfills an important indication, and cannot be omitted. The ordinary treatment with the iodide of potassium is usually sufficient, though very frequently the dosage is entirely too small. Our patients with gumma frequently do not respond to ordinary doses, and it must be pushed to an extent that is limited only by the endurance of our patients' stomachs.

All the devices of the recumbent posture, counter-irritation over the epigastrium, the

administration of the drug in milk, and with ice, must be employed to get as much as possible of the drug into the system; and the rectum, which absorbs the iodide very well, must be called to our aid. The iodide of sodium is sometimes borne when the potassium salt is not. I have lately had occasion to use a new iodide, that of rubidium. It costs more than the commoner salts, but that is a thing hardly worth considering when it is a question of saving tissues and organs from destruction. It has not nearly the disturbing effects on digestion that the potassium and sodium salts have, and it can therefore be borne in larger doses. Nor have I observed the disturbances of the circulatory apparatus and the depression of the heart which are so baneful when large doses of potassium iodide are exhibited. It is a valuable addition to our armamentarium in these tertiary-syphilis cases.

Coincidentally with the iodides mercury must be employed in small doses, and in bad or refractory cases the employment of the soluble salts by hypodermatic injection is an important and valuable resource.

As regards the local treatment, its main lines are as follow: The non-ulcerated gumma should be covered with mercurial plaster, even when fluctuation is distinctly apparent, since resorption takes place sometimes even under these circumstances. If ulceration have occurred, iodoform in the shape of a powder or an ointment is to be used.

If, however, we find that the destructive process is active, and that the gummatous ulceration advances in spite of our efforts, it is proper to attempt to stop it by an energetic cauterization of the infiltration that forms the advancing margin of the gummatous sore. In exulcerating gummata of the trunk and the extremities caustic potash in stick should be freely employed, the tumor-tissue being thoroughly bored into and cauterized. For the smaller ulcerations of the face, buccal cavity, etc., the nitrate of silver stick can be employed in the same way.

It is of the greatest importance, in these localities, to stop the ulcerative process as soon as possible; and I should not hesitate, though I have never had occasion to do so, to employ the actual cautery, either the Pacquelin or the galvano-caustic point.

ACETANILID AS A LOCAL APPLICATION TO ALL SURGICAL CONDITIONS.

By H. MELVIN ALLEN, M.D.,
Surgeon Samaritan Hospital, Philadelphia.

FOR some time past I have been experimenting with acetanilid as a local application to all surgical conditions; and as I have had such great success with it, I cannot refrain from reporting how it acted in my 378 cases.

I had read of acetanilid preventing pus-formation in articles written by Drs. Harrell and Bodemer, of this city; Dr. Castle, of Cincinnati; Dr. Wood, of San Francisco, and one or two others who had given it a very small trial or chance to bring out its real virtues as an antiseptic, and I concluded to give it a thorough trial in all kinds of cases, and have done so with the result of which I am about to write.

As all know, acetanilid, phenyl-acetanilid, or antifebrin, is in the form of white crystals somewhat resembling boric acid, but much lighter in weight, and is obtained by the action of glacial-acetic acid upon aniline. Acetanilid has a slightly-irritating taste, but is odorless. It is soluble in 200 volumes of water, 19 volumes of ether, and $4\frac{1}{2}$ volumes of alcohol.

The first reference I can find in regard to its antiseptic powers is by Neuth, who states in the London Lancet of April 20, 1889, that he had used it in some skin troubles, especially where there was considerable irritation or ulceration, but he speaks more of its sedative than antiseptic properties.

Dr. Harrell, in the Medical News for October 14, 1893, was, as far as I can ascertain, the first who wrote anything in regard to the antiseptic virtues of acetanilid, and also claimed that toxic effect from local absorption was an impossibility. Dr. Bodemer, in the Medical News of March 10, 1894, confirms the statement made by Dr. Harrell, and gives his experience with a small number of cases treated by him with this remedy. We also have the statement of Dr. Castle, of Cincinnati, in the same journal of March 31, 1894, that out of 250 cases he did not have any pus form in a single instance. We next have Dr. Wood, of San Francisco, who quotes 20 cases with excellent results, except in 1 case where he had used

it over a large area of fresh granulations. In this instance he had a severe case of poisoning from its application.

Dr. Cantrell, of Philadelphia, reports good results in skin disorders, and we have many who have given it a very slight trial. Dr. Thomas S. K. Morton, of this city, seems to have been the only man who has given this drug a chance to bring out its effects in surgical cases. He states that he has had excellent results from its use in 1000 cases, with the exception of a few cases where the toxic effects of the drug were apparent. Acetanilid is an antiseptic, hæmostatic, stimulant, desiccant, and also a powerful analgesic. It is a perfect substitute for iodoform, and has two great points in its favor: first, it has not the obnoxious odor that iodoform has, and, secondly, it is about one-tenth as costly, being forty to forty-five cents per pound, while iodoform sells at from four dollars to four dollars and fifty cents per pound; so I think that every one will agree with me that we have made a wonderful discovery in demonstrating the local uses of this cheap and efficient drug.

I have used it in all kinds of cases necessitating a local dressing, and as yet have not had a single case where there were any symptoms of its toxic effects. Acetanilid, in its full strength, applied to freshly granulating wounds, seems to produce, first, a dryness, followed by a blueness of the tissues or granulations, and checks the formation of pus at once. Sometimes, if the granulations are extensive, a slight, burning sensation, accompanied by some itching, is caused; this, however, lasts but a short time, as the sedative and analgesic effects are soon noticeable. I agree with Dr. Morton, when he says anæmia might follow its prolonged use, for it certainly has some destructive effect upon the red blood-corpuscles; but I, like him, have not yet seen a case of this kind. I have not found that age has anything to do with its use, as I have employed it on babies 2 months old, and from that age up to old, chronic cases in the seventies.

I have yet to see the first instance where there has been the slightest irritation,—something I cannot say for iodoform. I use acetanilid in the form of powder alone, or combined with boric acid. One of the best and most satisfactory ways of using it, in old, chronic ulcers, is equal parts of acetanilid,

boric acid, and bismuth subnitrate. Another very good way of applying it is in the form of an ointment. I usually take 15 grains to an ounce of petrolatum, spread it thinly upon lint, and apply in that way. It is not necessary to use that strength in all cases. Some acute cases will yield very nicely to 5 grains to the ounce, but I think 15 grains or, at the farthest, 20 grains to the ounce is strong enough for any case. I also use it in the form of a liquid application. From 10 to 20 grains to the ounce of alcohol makes an excellent application to any erythematous condition of the skin, especially where there are intense itching and burning.

Then, of course, I use acetanilid gauze for all wounds requiring packing or draining. This gauze is made from a formula of my own by the head-nurse of this (Samaritan) hospital. In fact, I have absolutely laid iodoform aside for all purposes, and am substituting the acetanilid. I will relate the histories of a few cases, and describe how I treated them with the acetanilid:—

1. Margaret P., aged 47 years, had been suffering with a leg-ulcer for past two years; it was located upon the external malleolus and was larger than a silver dollar. She had been having it treated regularly during this time and with the result, as she said, that it was getting worse. Nothing seemed to occasion any improvement. She came to me on December 21, 1894, for the first time. After obtaining the above history and also discovering that she was syphilitic, I began my treatment as follows: I first cauterized the entire surface with nitrate-of-silver stick until the surface was perfectly raw and free from all the diseased tissue. I commenced using the acetanilid ointment, 20 grains to an ounce of petrolatum. This was applied every day for twelve days, when I withdrew the ointment and substituted the mixture of equal parts of acetanilid, boric acid, and bismuth subnitrate. From the first time the ointment was applied the surface began to heal, and in twenty-nine days it was completely cicatrized and required no further dressing. Here was a case which had been treated for almost two years, and which would heal at times only to break out anew. Former attendants had not succeeded in finding anything that would effect any permanent improvement on this ulcer, whilst acetanilid completely healed it in twenty-nine days. Of

course, I put her on the antisyphilitic remedies as soon as I began the local treatment.

2. Edward B., aged 27. This young man came to me suffering with eczema, which had been treated for the past five months without any material improvement. I at once, in addition to internal remedies, gave a solution of acetanilid, 20 grains to the ounce of alcohol, and had him use it as a wash three times daily, after thoroughly cleansing the surface with hot water and Castile soap. To-day he is perfectly well, and every sign of an eczematous condition has entirely disappeared. In addition to this case I have had others suffering from skin diseases, among them being psoriasis, prickly heat, ivy-poison, pediculosis, tinea sycosis, and several other affections. I am satisfied as to its virtues in skin diseases.

3. Mary H., 28 years of age, had a laparotomy performed, and five days afterward developed a stitch-hole abscess, which, in spite of all our endeavors to heal, burrowed its way far down on left side between the muscles, and there formed a pouch in which pus accumulated. We dressed the wound every day as antiseptically as we could, and then packed the cavity with iodoform gauze, but pus continued to form and could not be prevented despite the above means. I then decided to try the acetanilid gauze made from my formula, and at the third dressing we failed to find any pus. The dressing had completely checked the formation of pus, and thoroughly drained the wound. This was a perfect illustration of the antissuppurative powers of this drug. I might say we continued the acetanilid dressing in this case until the abscess was healed and the patient ready to be discharged.

4. Harry Y., 12 years of age. This boy's left ear had been suppurating for some two months, and although he had been treated for the trouble it failed to yield to ordinary remedies. I used the acetanilid, dusted in the ear morning and evening for five days, and the suppuration ceased. The boy, although slightly deaf in this ear from the prolonged inflammation there, is free from any other difficulty.

I have only cited a few cases of the many I have successfully treated with this local antiseptic. I might say that I have also used it on chancroids in the form of powder, after first cauterizing with silver nitrate. It also acts very well in urethritis and gonorrhoea, as

urethral injections in a 4 per cent. solution. Acetanilid has an excellent effect in conjunctivitis when used in the form of a 2 per-cent. solution, and, as I have already said, in all kinds of skin eruptions it has no equal. In old chronic ulcers, infected wounds, or any suppurating sore, I consider it the best remedy we have to-day. Acetanilid locally is like quinine internally, good for almost anything.

I have already described the different forms in which it is applied when used as a dry powder. I have the crystals rubbed down to a fine powder in a mortar. It powders very readily and has more body in the pulverized than in the crystalline form.

I have now used acetanilid in 378 cases; it was well tested and carefully watched in each case, and in closing my article I would say: Try acetanilid in all surgical, acute or chronic, cases requiring local treatment. I trust the day is not far distant when it will replace iodoform in the hands of every member of the profession. When we compare it with iodoform, everything seems in its favor. Acetanilid gives better results, it is more pleasant to use, and can be obtained at a much less cost.

**NUCLEIN AS A DEFENSIVE
PROTEID: ITS SUBCUTANEOUS
ADMINISTRATION IN THE DIFFERENT
GRADES OF DIPHTHERIA.
ACCOMPANIED BY A
CLINICAL REPORT OF FIFTY
THREE CASES***

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IN philosophy facts are useful only so far as they lead to a true theory, and a theory is only a method of showing the true relation which exists among the facts. When a theory is, or seems to be, well established, any facts which appear to militate against it are apt to be disputed or received with caution or incredulity. For this reason, mankind has been disposed to oppose new discoveries and innovations which render a change necessary in their theories, creed opinions, and habits. It

is not because they are unfriendly to improvements, but because they doubt the reality of the discovery or the real practical importance and utility of proposed change. It rather demonstrates their love of truth, for they, like St. Paul, verily believe that they are doing their duty by resisting the introduction of error. But if the new truth can be made to harmonize with the old opinions, it is then cordially received into the family of admitted facts which go to constitute our favorite theories. The facts of a science may be compared to the scattered and broken bones of a skeleton, while a theory is the method by which they can be put together and proved to belong, all of them, to one animal. The facts in "cellular therapy," organotherapy, or therapy of substitution, call to mind a collection of strange bones once found in England, which apparently belonged to animals of a different kind from any that had ever been known to exist on earth. Some very learned and sagacious men at first denied the existence of the bones, but when they were dragged to light and protruded before them so that they could no longer avoid acknowledging their existence, they declared that such enormous limbs must have a supernatural origin, and that they were undoubtedly the bones of fallen angels. Upon further examination by scientific men, it was found that they were bones of whales and other marine animals that had been ages ago "in the deep bosom of the ocean buried," and that the place had been afterward raised to eminence, like classic Delos, upon the shoulders of an ambitious and aspiring volcano. Only a few years have swept past us since a novel and peculiar tendency has made itself evident in medicine, more particularly in the application of certain remedies, which shows a tendency which cannot fail to attract attention, and, from records which already fill the files, showing thereby the already-achieved results, rouse our expectations. When I simply speak or make mention of the words myxœdema and thyroid treatment, it will at once give the hint; generally speaking, it is the tendency to look for the cause of certain disorders to the demolished or deficient function of a certain organ, or system of organs, and when this cause has been sought out to try and re-establish *statu quo* by introducing into the body the parenchyma or expressed juice of the corresponding organ of a healthy organism,—usually that of

* Communication to the Academy of Medicine of Mexico for 1895.

an animal. By this mode of application we get a substitution or compensation of organic material, and rightly termed "therapy of substitution," or organotherapy.

From the very babyhood of the science of medicine, even at this period of civilization in some countries, human and animal secretions and organs have been used for the therapeutic use in disease; certainly in a very crude and primitive manner, but, all the same, the notion, however dim, must have been present in the human mind. Through the workmanship of such savants as Malpighi, Leuvenhock, Bichât, and Schwann, histology brought to light all the facts that all tissues have their birth in cells. Pathology, through Mueller; and the great Virchow, cellular pathology; bacteriology, through Lamardi, Ehrenberg, Royer, Davaine, Pasteur, and Koch; and physiological and pathological chemistry, through Horbaczewski, Althouse, Lee, Vaughan, and Novy, have all added to the proof that the entire science and art of medicine rest upon this pedestal: "The ultimate cell, its functions and enemies." If all that be true, then, the advancement of therapeutics upon a rational basis must be linked inseparably with a more accurate knowledge of the life-history of the cell.*

Dr. John Aulde, of Philadelphia, promulgates a most rational theory of cellular therapy. He speaks of it as a method in therapeutics of exhibiting properly-selected medicaments, with a view to the restoration of cell functions. It is in line with the conservative process of nature-treatment of diseased conditions. As cellular pathology is concerned in studying retrograde metamorphosis, so cellular therapy aims to apply scientifically those remedies which investigation and experience have shown to possess curative properties, by restoring the cell to its normal function. This theory entirely is not a new one, as some of the older literature has pent up in it some of the views just expressed.

Speaking of the cell, we find it an ultimate living principle, which is visible to the eye and understanding. It has functions of eating, sleeping, reproducing, and defending itself, subject to the changes wrought by heredity and environment, and from the latest investigations we find in Professor Schaefer's remarks the following: "The protoplasm and

nucleus form the living substance of the cell. There appears, however, to be yet another something, which, although in point of size is of very insignificant dimensions, yet in point of function may perhaps be looked upon as transcending in importance, in some respects, both the protoplasm and nucleus,—the *attractive particle*." Quoting further from Martin Heidenheim: "The *attractive particle* is morphologically, physiologically, and chemically a structure *sui generis*. It is almost as minute an object as it is possible to conceive. It imitates and directs those processes which result in the multiplication of the cell, and indirectly therefore it is concerned in directing the general growth of the individual, and ultimately the propagation of the species. "Therefore," says Dr. Knapp, "we can assume, from the contribution, that the cell has a brain and nervous system." Professor Sanderson also, before the British Association for the Advancement of Science, sounds another accord with the above views by saying: "The process of lymphatic absorption, which before we regarded as dependent on purely mechanical causes, is, in a great measure, due to the specific energy of cells, and not in the various processes of secretions; the principal part is not, as we were inclined not many years ago to believe, attributable to liquid diffusion, but to the same energy." Dr. Knapp further takes from this stand-point the view: "That for the present purpose, however, it is sufficient to know that the cell is the seat of all the functions of the human body, both nutritive, secretory, excretory, and correlative, and that in health and disease we are concerned with the cell and not with the organism as a whole; that the vital processes take place in the cell, and that the equilibrium between anabolism and katabolism, repair and waste, may be taken as a definition of health; that certain physiological functions of the cells,—chemotaxis, phagocytosis, cell-proliferation, and defensive proteids,—are the functions concerned, immunity, vital resistance, and the resistance to arrest and cure disease. It is already a known fact that certain cells, or certain groups of cells, have certain powers of reaction and irritability, and it is reasonable to suppose this power belongs to all cells. Stimulus and changes in the vicinity and environment of the cells produce alterations and changes in the cell; therefore, it is concluded that the cell

* "Cellular Therapy," a paper by C. F. Knapp, M. Sc., M. D., American Therapist, November, 1894.

may be modified by medicaments, and assume this to be the basis of the physiological action of drugs, seeking not their mechanical effects, nor effects upon the pulse, respiration, and temperature alone, but their action upon the cell, whether the action is demonstrable in the laboratory or inferred from the clinical result."

It does not fall to my lot in this paper to attempt to classify remedies according to their effects upon the cell and their power of restoring cell-function. This classification has already been done by a most ably written communication, and read before the Medical Association, by Dr. Knapp, of Luzerne County, Pa. The attention which I wish to draw is to one of those special medicaments that stimulate the defensive action of the cell. It is "nuclein." It is not only from this one, which is embraced among the latest researches, from which we shall reap the most practical result, but also from the many already listed, as thyroïdin, antitoxin, Séquardin, and toxins, with a host of others to follow, corresponding with each infectious disease and all characteristic lesions of each organ. This and other defensive proteids, which we have to thank the physiological and pathological chemist for discovering (nuclein, proteids, and albuminoids), and from which such deductions have been made; that the power to resist or withstand disease rests in the defensive action of the cell, and that the rational treatment of disease of an infectious character is to stimulate this action, or to add the proteid, it is but plausible to say that from such therapeutics we are to secure immunity and cure in infectious diseases. With the aid of modern chemistry this onward march will continue and add newer substances from time to time analogous with the structure of well-known bodies. These substances will be submitted to the judgment of the medical world, in the hope that they prove more useful than the preparations in present use.

Nuclein is not a new substance, and the study of nucleins dates back to the period of Bracinnot (1831). Only in recent times has there been any systematic attempt made to determine their chemical and physiological properties with a view to their employment as a remedy. Amongst the students of nucleins rank such names as Quevene, Schlossberger, Miecher, Bechamp, Hoppe Seyler, Lubavin,

von Jaksch, and Ploez,—these were the pioneers. Then came along, in 1879, Kossell, who began to teach us the germicidal properties. Ten years elapsed before any attention was paid to these substances, until again Altman revived their study. Lieberman prepared at this time an artificial nuclein from albumin and metaphosphoric acid. The men who are entitled to the latest honors in bringing about the most practical work in this line are Geohagan, Malfatti, Horbaczewski, and, finally, in 1893, Vaughan, of Ann Arbor; Althouse, of England; and Germaine Sée, of France.

Professor Vaughan has done much to introduce and experiment toward the preparation of a definite nuclein for therapeutic purposes. In a paper at the last Pan-American Congress, Professor Vaughan made the following statement regarding *nucleins*: "These substances,—nucleins, proteids, and albuminoids,—when introduced into the bodies of animals in certain amounts and under certain conditions, have the property of stimulating the activity of certain organs in the animal, so that those organs produce and supply to the blood an antidote to the substances introduced. The glands that manufacture these immunizing agents are the spleen, thyroid, and bone-marrow, and the antidotal substance is a nuclein."

"Nuclein is a physiological remedy; it plays its daily rôle in the economy.* Wherever waste-products are to be handled their nature supplies nuclein, and in that complex chemical and physiological workshop—the alimentary canal—the antiseptic properties of nuclein constitute the balance-wheel of the digestive process; besides its action upon the blood, it has stimulant action upon the brain and nervous system, which accounts for its influence upon the aged and in chronic maladies. A wide field of usefulness is therefore open. Whatever assails the cell it is useful *per se* as a neutralizer of the enemy, and as a stimulator of defense. Whatever lowers the tone of the system, so that the correlation of forces is impaired and the defense broken, it is useful to repair the breach by direct chemical action, or as a stimulant to normal work through the regular physiological processes."

We can call nuclein a most prominent aspirant in the field which happily illustrates the doctrine of cellular therapy. Scientifically nuclein is described as a phosphorized proteid,

* Dr. Knapp's paper, *American Therapist*, November, 1894.

the phosphorus existing in the form of nucleinic acid combined with a lightly complex basic substance. This basic substance yields, as decomposition products, one or more of the so-called xanthin bodies,—adenin, guanin, sarkin, and xanthin. The available sources are as follow: Yeast-cells, yolk of egg, the spleen, the blood, the testicles, the bone-marrow, the brain-substance, and the thyroid and thymus glands.

The Preparation of Nuclein and its Source.

—Yeast-nuclein (Professor Vaughan's) is prepared by extracting brewers' yeast with diluted alkali and subsequent precipitation with dilute hydrochloric acid. The precipitate is redissolved as alkali and reprecipitated with acid several times, and is finally dissolved in 0.25 per cent. of potassium hydrate. As aforesaid, nuclein is also made from animal sources, and is obtained by means of artificial digestion, after a preliminary maceration with a mixture of equal volumes of absolute alcohol and ether. The product is then usually digested for some days with pepsin and 0.2-per-cent. hydrochloric acid, the undigested portion being collected upon a filter and worked, first with 0.2-per-cent. hydrochloric acid and then with alcohol. The final step consists in dissolving the precipitate in 0.5-per-cent. solution of potassium hydrate, and filtering through a Chamberlain filter without pressure.

From all these foregoing glowing arguments presented to us by the above-quoted gentlemen, all of eminence in either one branch of the science or the other, and whose veracity cannot be doubted, either as regarding their word, power of observation, or ability, I concluded, from some of my own experiences with nuclein, to put this remedy to further clinical tests in the treatment of diphtheria and allied affections of the throat with different degrees of severity.

Of the 52 mixed cases herein reported, of which 35 were follicular tonsillitis, 8 pseudo-diphtheria, and 9 true diphtheria, I take great pleasure in giving the results obtained by subcutaneous injections of this most important of defensive proteids,—nuclein.*

I found that nuclein showed its specific effect upon all these varieties of diphtherias with a prompt action. The form known as angina lacunaris sive follicularis,—a disease in which

the surface of the tonsils and fauces is inflamed and is stippled with curdy-white or ashy-gray points or patches, in which there is an absence of anything like a deep slough, which usually disappears under appropriate treatment, and which may simultaneously affect a number in one family and prove fatal sometimes. It has been said by authorities, however, that this is not a true diphtheria to begin with, but that the affected parts in this condition serve as a good cultivating ground for the diphtheria bacillus, and that in this condition the patient is particularly susceptible, and that the diphtheria is really a secondary and superadded disease. We are reminded by Hamilton: "Many instances of diphtheria, however, commence as angina lacunaris." He further says that all forms with a marked condition are considered by him as of a diphtheritic nature. From the many suppositions taught us by the most prominent bacteriologists, I find that the instituted treatment herein advanced is indicated both as a prophylactic and curative agent. Dr. Aulde, in discussing under the head of the physiological rôle of antitoxin inoculations, "takes the following stand": * "Having shown the utter fallacy of the claim that antitoxin inoculations are effective by reason of any chemical or physiological properties which they might possibly embody, it remains to give a rational explanation of their physiological rôle in the human economy. Recalling the fact that blood-serum possesses antiseptic properties in its normal condition, and the additional fact that the blood-serum of persons recovered from this disease is able to confer immunity on others who have been exposed, and, further, that when the disease is in its incipency, inoculations with this peculiar toxalbumin will exert a favorable influence upon its course, we have some substantial data at hand as a basis for further investigation. All the evidence points to the probability that the introduction of this toxalbumin into the circulation has the effect of stimulating cellular activity, and that either by a gradual process or immediately the cells are educated to resist the destructive effects of the disease. It is a well-known fact now that the polynuclear white blood-corpuscles secrete or manufacture a powerful anti-

* In this connection, I should say that the nuclein employed was manufactured by Parke, Davis & Co., after the formula and under the supervision of Professor Vaughan, with the exception of the four cases reported in the American Therapist.

* Two of these patients were in consultation with Dr. Pfeiffer, one belonging to Dr. Hatch and the other Dr. L. Sandberg. I am also indebted to Dr. Jacobson, Visiting Surgeon to the Demilt Dispensary, Children's Department, for sending me ten cases for injection, and which were watched by himself.

septic substance called nuclein, which serves as a natural protection against diseases of every description. It is also admitted that through the presence of this substance in the blood, in the lymph, and in the various secretions, decomposition is prevented, particularly decomposition in the secretions of all mucous surfaces. Indeed, some have gone so far in this direction as to assert that the mucus secreted by nasal mucous membranes is itself an active antiseptic. It is not unreasonable to assume, in this study, that when a person is attacked with diphtheria these cells gradually acquire the ability to secrete a product which is inimical to the bacterial products taken into the circulation during the progress of the disease; hence the great value of blood-serum obtained from one of this class. By the use of pure cultures from the disease, we introduce into the circulation an irritant which has the effect of stimulating the functional activity of the white blood-corpuscles to produce something which shall counteract the effect of the poison; this substance in solution, coming in contact with the cells at the point of elimination, augments the normal antiseptic properties of the secretions,—moreover, it supplies an excellent illustration of the theory promulgated under the name of cellular therapy."

In diphtheria of this type, 15 to 20 minims of nuclein hypodermatically administered twice in one day, dividing the injection twelve hours apart, gave a most remarkable result within twenty hours in every case. No other remedy was employed excepting salt-water gargling or douching, simply to remove the loose *débris* lying about the mouth and throat. In but a small percentage of the cases the temperature mounts after the first injection from 100° to 103° F., but the high temperature rise was an exception. The pulse runs from 100 to 160. All symptoms usually found present in this form leave the patient within the first twenty-four hours. Some fever remains for thirty-five hours, then disappearing minus the exhausted condition. Nuclein seems to possess, with all its specific action, another advantage,—that of a dynamogenetic power, increasing the vigor of the central nervous system.

In that type known to us as pseudodiphtheria, the same promptness of action was immediately noticeable, with that one exception, that a longer time (three to four days) was wanted for a complete recovery. In these pa-

tients the injections were made also in divided periods of time, but oftener exhibited (every eight hours), each consisting of 20 minims and continued for three days. In addition, the gargling or irrigation of salt water every hour is practiced. The entire number of 8 patients recovered within four days. The number of 9 true diphtheritic cases which were treated upon this plan of medication, of which 7 recovered, and 1 of them undergoing tubage for stenosis, shows a remarkable percentage. The first 4 of these patients were reported in full in the *American Therapist*, November, 1894, all which recovered; then, since that, 3 other patients have received injections, all dying from toxæmia and heart-paralysis. The first 2 patients were not injected until the third day of the disease, and which ran a most rapid course.

That no mistake in diagnosis should be made in all these cases, regarding the specific character of the disease and not confounding it with some similar form, the membranes taken from these patients were all subjected to a critical bacteriological test.

The seventh of the recovered cases is one which came under the treatment since the above-published report appeared. The patient was seen in consultation with Dr. L. Sandberg, of New York. The injection was not made until the fifth day of the disease, and on the sixth day stenosis was so marked that tubage had to be performed. The injections of 10 minims were administered subcutaneously four times daily for the first day, and thereafter three injections for seventy-eight hours. No extension of membranes took place, but were observed to detach themselves after the first forty hours. This effect of the membranes, dissolving and detaching from the parts, is most marked under this treatment. I have observed them to disappear in from forty to fifty hours,—sometimes a little later. In this last case they persisted to form for nine days.

Describing the Use of Nuclein.—The earlier in the disease nuclein is administered the better. As soon as the patient shows any signs of either of the different forms of diphtheria, he should receive an injection of 20 minims of nuclein under the skin of the flank or gluteal region in the child; in men, in the muscles of the back of the neck; and in women, in the upper part of the chest, or the operator chooses the point of entrance. When the injection is

well done in the subcutaneous tissue it is not painful, though some numbness is experienced nearest the arm or leg; these feelings have no significance. The painful part produced by the injection becomes less at each repetition. Pain is less when the needle is thrust deep in the muscular tissue, rather than the subcutaneous. Nuclein is absorbed in a few moments. In no case is there found to be any local reaction, if antiseptics have been carried out. If the bacterial examination show that we are dealing with a case of pseudodiphtheria, or follicular tonsillitis, etc., only three injections are necessary, of 15 to 20 minims each, in children up to the age of 12 years; over that 25 to 30 minims, divided into three equal periods of time. These inoculations will not give rise to the slightest ill effect, but will improve the condition within thirty-five hours, dissolving away the membranes and exudations present, and buoy the patient up as if some powerful stimulating tonic were given.

In true diphtheria the injections must be administered for three successive days in doses of 25 minims every four hours.

I can only say that, from what experience I had with the administration of nuclein, it proved itself to be a staunch medicament, and will undoubtedly prove a most valuable adjunct to organotherapy. Those who will give it an unbiased trial cannot fail to be in accord with my clinical findings.

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ABSTRACTS.

CONTRIBUTION TO THE STUDY OF PERNICIOUS ANÆMIA CAUSED BY INTESTINAL WORMS.

On this subject M. Schiperovitsch has made a communication to the Medical Society of St. Petersburg. He first epitomizes as follow the different opinions put forth by various authors in regard to the pathogenesis of this form of anæmia:—

1. Intestinal worms, especially diseased worms, elaborate chemical substances of unknown composition, which poison the organism.
2. Pernicious anæmia may be due to an irritation of the intestinal mucous membrane acting by reflex influence upon the nervous system.
3. The worms absorb the nutritive fluids

contained in the intestinal tube, produce reflex depression of the nervous system, and thus render the organism less resistant to attacks of deleterious agents.

The author does not accept the first two statements, but inclines to favor the third theory. He cites, in its support, two cases which came under his own observation. In the first the patient remained ill, notwithstanding the expulsion of a bothriocephalus latus, and the autopsy revealed pathological conditions which explained the origin of the anæmia. In the second case notable relief was obtained, although no vermifuge had been taken and the worms had not been expelled. In conclusion, the author draws attention to the fact that extract of male-fern is not an inoffensive substance, and advises that the dose of 2 to 4 grammes ($\frac{1}{2}$ to 1 drachm) should never be exceeded, and condemns the practice of administering it in doses of 10 grammes, as is the custom with certain clinicians.—*La Médecine Moderne.*

A FORM OF PHARYNGITIS INDICATIVE OF DIABETES OR ALBUMINURIA.

At the meeting of the French Congress of Internal Medicine, M. Garel, of Lyons, said that patients were sometimes met with complaining of an affection of the throat, apparently of not much gravity. The functional troubles consist of pain and a sort of twitching in the throat. The patients have a sense of clamminess at the bottom of the throat, and some difficulty in swallowing. On examining the throat the half-arches are seen to be reddened, as well as the soft palate and the posterior part of the pharynx. The mucous membrane is not only red, but also swollen. It is often covered by a layer of more or less viscid mucus. This particular state of the mucous membrane should indicate an immediate examination of the urine, and, in the great majority of cases, it will be found to contain sugar or albumin. Merely from the aspect of the throat, it is impossible to discriminate between the presence of diabetes or albuminuria. Most of the patients have, in addition, only insignificant general symptoms. M. Garel has observed 21 cases of this form of angina, 10 of which were associated with diabetes and 11 with albuminuria. In 3 of the cases sugar and albumin succeeded each other in alternation.—*La Tribune Médicale.*

SPONTANEOUS IRRUPTION OF THE BILE INTO
HYDATID CYSTS OF THE LIVER.

At a meeting of the Medical Society of the Hospitals M. Galliard said that he had reported in 1892 a case of intra-cystic cholerrhagia consecutive to puncture and exercising a favorable influence. On the contrary, he has recently encountered a case of spontaneous irruption without influence either favorable or the reverse. A man, aged 41 years, entered the Beaujon on September, 3, 1894. The presence of an hydatid cyst was recognized and an exploratory puncture made with a Pravaz syringe. About seven weeks after admission M. Galliard evacuated the cyst and withdrew 700 grammes (23 ounces) of greenish-brown, thick fluid, containing an abundance of bile. He then injected 15 grammes of Van Swieten's solution. A second evacuation, about a week later, allowed an equal quantity of fluid to escape. After another interval of ten days a third puncture was made and a litre of the same bile-stained fluid escaped. The cyst had no tendency to retraction. A free incision was required, although liable to be followed by a biliary fistula. The patient, however, was timid, left the hospital, and had not since been seen.—*La Médecine Moderne*.

PULMONARY GANGRENE IN SCARLATINA.

A case of this nature has been reported by M. H. Richardiére in a child 8 years of age. The complication developed during the subsidence of the scarlatina with no premonitory symptoms, and in the absence of any unusual gravity of the throat trouble or general symptoms which might have given warning of its approach. At the autopsy fetid pus and pyogenic false membranes were found in the left pleura. The false membranes covered the lung and concealed the site of perforation. In the upper lobe there was an isolated area of sphacelus the size of a hen's egg.—*La Médecine Moderne*.

FETID ENDOMETRITIS OF OLD WOMEN.

The following is an abstract given by La Médecine Moderne of a paper by M. Gabriel Maurange upon this subject: At an indeterminate period after the menopause there may appear a more or less abundant discharge, which is, in the beginning, of an intermittent character. At certain times it resembles an

expulsion of the contents of the endometrium. The flow is sometimes a thick and purulent fluid; upon other occasions it is red and sanious; in exceptional instances it is colored with blood; it is always horribly fetid. Gastric disorder, shown by anorexia and vomiting, is produced. Emaciation is rapid. The drawn features and yellowish color of the face are suggestively like the straw-colored skin of cancer. The pain is moderate and does not compare to that which accompanies other forms of endometritis. Upon local examination there is generally found an extreme irritation of the vagina, maintained by the discharge. But the finger detects only unimportant changes in the neck of the womb. Its consistence varies, but is rather diminished. There is no ulceration. At the most there is slight swelling of the mucous membrane. The uterus is mobile, although generally enlarged. Its cavity is increased and measures 7 to 8 centimetres ($2\frac{3}{4}$ to rather more than 3 inches). Introduction of the sound is painful. On withdrawing the instrument there generally escapes from the os *tinca* a veritable gush of sanguinolent pus, which is even more offensive than the discharge of cancer. Anatomically and histologically, the lesions of chronic catarrhal endometritis are present. The pathogenesis is obscure, the prognosis relatively favorable. Treatment consists of dilatation by laminaria tents, followed by aseptic tamponing of the canal of the womb with iodoform gauze.

RHEUMATIC ANGINA.

Dr. Roos, first assistant of the Medical Clinic at Kiel, reports several cases of a special form of angina which he has observed in his own person and which sometimes precedes an attack of acute articular rheumatism. From a study of five cases besides his own, and a number scattered through the literature of the profession, the writer concludes that there exists a rheumatic angina which ought to be considered as a prodromic symptom or an initial manifestation in close relation with articular rheumatism. The belief that acute rheumatism is of infectious character gains ground, and the writer is in accord with Friedler in regarding rheumatic angina as the first localization of the pathogenic agent, after having entered the body with the inspired air and fixed itself upon the tonsil. The direct penetration of the morbid germ into adjacent

parts, the muscles of the pharynx, explains the severe pain attendant upon this form of sore throat. At the end of a certain time general infection follows.

Rheumatic angina seems to differ from all other forms of sore throat. Its principal symptoms are: excessively-painful deglutition, redness and swelling of one or both tonsils, with or without the formation of an abscess, little or no purulent exudation upon the tonsils, and a comparatively-long duration. The diagnosis is rendered more probable if the patient has formerly suffered from rheumatism. The recognition of rheumatic angina and its prompt diagnosis have the practical advantage of obtaining its prompt cure by means of large doses of salicylate, and also of forestalling an attack of acute articular rheumatism, with its unfortunate consequences. At the time, however, the symptoms of rheumatic angina are not very characteristic, and its diagnosis still presents some doubtful points. The author concludes that the relation between the sore throat and articular rheumatism may be explained in two ways. Either the angina which precedes the polyarthritis is of rheumatic nature, produced by the same pathogenetic agent, a precocious manifestation of rheumatic polyarthritis, and the general disease a veritable acute articular rheumatism. Or, in consequence of any angina whatsoever there may be manifested, under certain special circumstances, pseudo-rheumatic affections, the localization of the infectious agent which had caused the angina in articulations and serous membranes, as takes place in gonorrhœa; in such cases it would be proper to speak of an anginous polyarthritis. There are good reasons for thinking that in many cases the latter hypothesis is correct, and that the polyarthritis consecutive to angina belongs to the category of attenuated pyæmic infections, especially in the event of tonsillar suppuration.—*Revue de Laryngologie*, etc.

TREATMENT OF OZÆNA (RHINITIS ATROPHICANS FÆTIDA).

Dr. Musehold, of Berlin, has for more than a year made use of a simple method which has the advantage that it can be carried out by the patient. He employs a solution of borax in glycerin diluted with water, administered as a spray by Trautmann's nasal atomizer. The glycerin provokes an abundant watery secretion, and at the same time reduces the swelling

almost as rapidly as cocaine. It also opposes the formation of crusts. The borax prevents the decomposition of the exudate. The composition of the mixture is: pure glycerin, 70 grammes; borax, 20 grammes; distilled water, 30 grammes. Of this fluid about 1 cubic centimetre ($\frac{1}{4}$ drachm) is sprayed into each nostril, and, at the end of some minutes, the softened crusts are removed. The mucous membrane is then wiped dry with cotton, after which it is again sprayed in all directions, and even into the naso-pharyngeal region. The patient can subsequently practice the manoeuvre two or three times a day. The odor disappears after a few days, the formation of crusts decreases, and the exudate remains liquid. The method is equally appropriate for simple atrophic rhinitis and dry pharyngitis.—*Revue de Laryngologie*, etc.

MENSTRUAL ANGINA.

M. Raymond Petit has been led to regard the sore throats of menstruation as caused by streptococci. They are generally benign, but may terminate in the formation of an abscess or give rise to facial erysipelas. The writer is of the opinion that women during menstruation should guard against infection by the use of antiseptic linen and by particular care of the mouth. Woman, during all her genital periods (menstruation, accouchement) affords a specially-favorable soil for the development of the streptococcus.—*La Médecine Moderne*.

BROMALINE.

Lacquer has published the results obtained from the use of this remedy in seven cases of epilepsy, one case of neurasthenia, one case of paralysis agitans, in agrypnia, and facial neuralgia. It is known that bromaline, or bromethylformine, was originally recommended by Bardet as a succedaneum for the bromide salts in the treatment of epilepsy. It has been regarded as superior to the bromides generally employed in these cases by not producing fetid breath or furuncles. It is also known that Féré has claimed that in epileptics under treatment by bromides furunculosis should be ascribed to secondary infection of intestinal origin, which finds every opportunity of development in tissues whose vital resistance has been diminished by bromine and particularly in the skin, which is irritated by the bromine as it is eliminated by that route. For this reason,

Féré advised that antiseptics should be associated with the bromides in the treatment of epilepsy. The idea accordingly occurred to M. Bardet to experiment with an organic combination of bromine capable of easily setting at liberty an antiseptic substance. Now, in contact with feeble alkalies, such as alkaline carbonates, bromaline releases formaldehyde, or formol, which is known to possess powerful antiseptic properties.

From the chemical point of view, therefore, bromaline, or bromethylformine, is a bromide which, in contact with a simple solution of sodium, is transformed into bromide of sodium with the separation of formaldehyde. The decomposition is favored by the action of gentle heat. The chemical composition of bromaline is expressed by the formula :—



The experiments of Bardet have demonstrated that bromaline is very well supported by animals. Its clinical employment by the same writer has brought into evidence its sedative action in cases of nervousness and hysteria.

Féré, who has experimented with bromaline upon epileptics at Bicêtre has declared that in large doses this combination is equally efficacious as the bromide of potassium, and that its prolonged use does not occasion eruptions. According to Féré bromaline should be given in a dose one and one half times higher than the bromide of potassium. M. Laquer gives the following table of the amount of bromine contained in the bromide combinations generally used in epilepsy and in bromaline :—

Bromide of potassium,	67.2	per cent. bromine.
Bromide of sodium,	77.67	per cent. bromine.
Bromide of ammonium,	81.62	per cent. bromine.
Bromaline,	31.13	per cent. bromine.

Bromaline has, consequently, decided advantages over the salts of bromine as regards deleterious effects. It is very soluble in water, and has a less disagreeable odor than bromide of potassium. According to Laquer 2 grammes of bromaline have the same action in epilepsy as 1 gramme of bromide of potassium.—*La Médecine Moderne*.

CHANCRE LIKE GONORRHOËAL EROSION.

Under this name a lesion is thus described by Professor Leloir : "Extending around the

orifice of the meatus, it may, in certain cases, attain the size of a twenty-centime piece and very rarely that of a fifty-centime piece. Its base is of red muscular tissue, but sometimes, on the contrary, of a grayish-yellow or opaline hue. It is a superficial erosion, plane or slightly elevated. It sometimes presents an hæmorrhagic point indicative of alteration of the summit of the papillæ. The base of the ulcer is sometimes the seat of a pronounced induration, deep, circular, surrounding the meatus and producing in this situation the sensation of a very thick disc of hard rubber. This erosion is but slightly painful either spontaneously or upon pressure. At the moment of micturition, however, it is the seat of sharp and, in certain cases, excruciating pain." This erosive and purulent lesion heals readily upon the local use of borated baths and the application of boric acid ointment, with or without the action of salol or hydrochlorate of cocaine. The bath and the dressing should be used anew after each passage of urine. A pledget carrying the ointment, should be placed within the lips of the meatus. The induration does not survive the cure of the erosion, and this constitutes the diagnostic point between a chancre-like erosion due to gonorrhœa and infecting chancre of the meatus.—*La Médecine Moderne*.

EPILEPSY FOLLOWING TYPHOID FEVER.

According to the researches of MM. Rémond and Coumenges epilepsy may be caused by typhoid fever. This epilepsy may be divided into per-typhoid and post-typhoid. The former variety appears to be only the result of the action of soluble irritant products upon a predisposed nervous system (heredity, intoxication). Its prognosis is favorable. Post-typhoid epilepsy may be immediate, accompanied by uræmic troubles, or may appear in the course of a delirium dating from convalescence. It is of grave prognosis and terminates in death or complete loss of intellect. Finally, there is a mediate form of post-typhoid epilepsy, not accompanied nor preceded by uræmic manifestations, and having the same prognosis as ordinary chronic and so-called idiopathic epilepsy.

In post-typhoid epilepsy there are anatomical lesions of nervous centres dependent upon bacterial agency.—*Le bulletin Médical*.

THERAPEUTIC NOTES.

FAVUS.

Pirogoff's method was as follows:—

R Flowers of sulphur, . . .	℥ss.
Carbonate of potassium, . .	℥j.
Liquid tar, ...	℥iss.
Tincture of iodine, ...	℥iss.
Lard, ...	℥iij.—M.

A portion of this ointment is spread upon a cloth and applied to the affected parts. After twenty-four hours the softened crusts can be removed, the surface is washed with soap, and the ointment re-applied. Later, a pomade of salicylate of zinc is used; this is stimulant and antiparasitic.—*Le Progrès Médical*.

LIMITS OF THERAPEUTIC UTILITY OF TRIONAL.

In an inaugural dissertation presented to the University of Strassburg, Dr. B. Rohmer has endeavored to determine to what extent trional is available in medical practice. The remedy was employed in 29 cases, comprising conditions capable of preventing or, at least, disturbing the sleep, such as restlessness, bodily pains, or irritating cough. In all but 1 case trional was found to possess hypnotic properties, and in 12 of these the effect was always the same, although the period of administration extended over several weeks; while in 7 the effect was weakened or lost in the course of time, necessitating an increase of dose. In some cases the apparent cause of this was the presence of bodily pains, which exerted an inhibitory influence upon the action of trional. Thus, in a case where sleep of ten hours' duration resulted from the 1.0 gramme given the first evening, the effect of the same dose given on the following day was completely counteracted by the presence of toothache. That the pain must, however, attain a more or less high degree of intensity in order to neutralize the action of the remedy is demonstrated by a case of *tabes dorsalis* in which sleep could not be induced by morphine, but followed administration of 2.0 grammes trional. The author's experience further demonstrates that the action of a single dose may extend over several nights, although he was unable to confirm the observations of others, that the effect is developed, on the average, in the course of half an hour. Even in the case where its action was pronounced, sleep frequently failed

to appear until the end of two hours. The duration of the effect varied from two and one-half to ten hours. Sleep was deep and quiet, and the patients rarely experienced any disturbances on waking. Judging from its behavior in two cases of cardiac disease, trional seems to be devoid of toxic influence upon the circulatory system. After prolonged administration no disturbances resulted when it was discontinued. Rohmer's observations conform, therefore, in the main, to the experience of other observers. He regards the remedy as especially indicated in psychiatric practice, and recommends its use in simple insomnia, and even where this condition is due to pains. The doses varied from 0.5 to 3.0 grammes, given in wafers and followed by a swallow of water.

ALSTONIA CONSTRICTA.

Alstonia constricta is a tonic (*Med. Times*) in cases of debility dependent upon defective assimilation due to faulty digestion; also in debility following uterine disorders. Cathcart, of Australia, used it with success in the debility following parturition or arising from lactation, or prostration from fevers. In atonic dyspepsia with loss of appetite and in the diarrhoea following indigestion it produces good results. In nervous prostration following uterine displacements that are without anæmia, with the consequent digestive faults, *alstonia* is most valuable.—*Medical Standard*.

GNORRHŒA.

M. Péllissier praises citric acid as a remedy in gonorrhœa. In anterior urethritis he makes use either of injections with a 1-per-cent. watery solution or washes out the urethra with a solution of 8 to 1000 or 8 to 1500. In posterior urethritis he employs lavage of the bladder. The injections (6 daily) bring about cure on the eighth to the sixteenth day. The lavage (once daily) cures in four or five *stances*, 3 pints of fluid being used at each sitting. There is no local reaction, shock, nor complication.—*La Médecine Moderne*.

CORYZA.

Trommsdorf prescribes:—

R Zinc soiziodol finely powdered, ...	gr. xv.
Finely-powdered lactose, . .	℥v.
Menthol, ...	gr. iss.

M. Sig.: Use by insufflation into nostrils.—*El Siglo Méd.*

ACUTE CORYZA.

Valentin, of Berne, says that tumefaction is relieved and secretion diminished, sometimes disappearing completely in less than two hours, by

- ℞ Acid. sulfanilic., . . . 3ij.
Carbonate sodium, . . . 3iiss.
Distilled water, . . . 3ij.

M. Sig.: Tablespoonful every hour.—*American Practitioner and News.*

SYCOSIS.

- ℞ Oleate of mercury, 5 per ct., 3v.
Oxide of zinc, ...
Starch, ... 3i¼.
Yellow vaselin, ... 3iiiss.
Salicylic acid, ... gr. xxiv.
Ichthyol, ... gr. xv.—M.

DIPHTHERIA.

Dr. S. Solis-Cohen is now using the following formula, both in attempted prophylaxis and in the local treatment of diphtheria:—

- ℞ Guaiacol (chemically pure), 50 parts.
Menthol, ... 5 parts.
Pure olive-oil, ... 50 parts.

To be applied with a cotton swab, once daily (in prophylaxis), twice daily (in treatment), or as needed.—*Philadelphia Polyclinic.*

ALUMNOL VARNISH.

Chotzen recommends the following formulæ for making varnishes, especially for use in squamous and papular eczema:—

- ℞ Gum-lac in tablets, . . . 50 pts.
Castor-oil, ... 10 pts.
Alumnol, ... 20 pts.
Alcohol, ... 150 pts.—M.

- ℞ Ricinoleate of lead, . . . 40 pts.
Absolute alcohol, ... 80 pts.
Alumnol, ... 12 pts.—M.

The last dries with more difficulty than the first preparation.

—*La Médecine Moderne.*

ALUMNOL COLLODION.

The subjoined formulæ may be used in preparing alumnol collodion, which may be used as antiseptic dressings:—

- ℞ Alumnol, ... 18 pts.
Castor-oil, ... 20 pts.
Collodion, ... 160 pts.—M.

- ℞ Alumnol, ... 18 pts.
Canadian balsam, ... 10 pts.
Collodion, ... 160 pts.—M.

—*Ibid.*

CEPHALALGIA AFTER LA GRIPPE.

The following combination is useful:—

- ℞ Benzo-naphthol, . . . gr. iv.
Sodii phosphat., . . . gr. iij.
Caffein., ... gr. ii¼.
Lithii carb., ... gr. iij.

M. Sig.: For one cachet. Two or three cachets to be taken daily.—*La Médecine Moderne.*

TO DISSOLVE TARTAR OF THE TEETH.

Dr. Pierce highly recommends trichloroacetic acid, a wooden spatula being moistened with the agent and rubbed against the encrusted teeth until the tartar is thoroughly dissolved. The operation must be carefully performed, as the acid is an energetic escharotic. *La Médecine Moderne.*

SALACTOL.

This product, which must not be confounded with salacetol, is a combination of salicylate of sodium and lactate of sodium in solution in oxygenated water. It has been employed in diphtheria.—*La Médecine Moderne.*

NERVOUS HEADACHE.

Brande often relies on

- ℞ Ætheris,
Spiritus ammon. aromat., 3j.
Aque camphoræ, . . . f3x.
Tinct. cardamom. comp., . f3j.

Misce pro haustu.

Sig.: Take two or three times a day.—*Southern Medical Record.*

PRURITUS.

When due to icterus, Boulland employs

- ℞ Sp. vini rect.,
Æther. sulphuric., . . 3iiss.
Ichthyol, ... 3iiss.—M.

This ointment is rubbed thoroughly into the skin.—*Universal Medical Journal.*

TOLUOL.

This compound, which is also known as toluene, methyl-benzene, hydride of benzol, etc., being recommended by Professor Loeffler in the treatment of diphtheria, it is of interest to be acquainted with its principal properties. Toluol, C_7H_8 or $C_6H_5CH_3$, is the first homologue of benzene. It is obtained from coal-tar, coming over in distillation with the light oils (formed of benzene, toluene, xylene, etc.), from which it is separated by fractional distil-

lation. Toluol is a colorless fluid, very refractive, with a characteristic odor, less disagreeable than that of benzene, scarcely soluble in alcohol or ether. It boils at 110° C. (230° F.).—*La Médecine Moderne*.

EXTERNAL HÆMORRHOIDS.

When painful anoint with

- ℞ Extract of krameria, . . gr. xv.
- Extract of belladonna, . . gr. viij.
- Cocaine hydrochlorate, . . gr. iij.
- Poplar-ointment, ... 3j.—M.

La Tribune Medical.

[The formula for poplar-ointment of the French Codex is

- ℞ Recently-dried poplar-buds, 800 grms.
- Fresh poppy-leaves, ... 500 grms.
- Fresh belladonna-leaves, ... 500 grms.
- Fresh hyoscyamus-leaves, ... 500 grms.
- Fresh dulcamara-leaves, ... 500 grms.
- Lard, ... 4000 grms.

—ED.]

BILIOUSNESS.

A formula of Professor Da Costa's is

- ℞ Fellis bovini purif., ... 3j.
- Manganis sulph. exsicc., ... 3ij.
- Resinæ podophylli, ... gr. v.

M. et ft. pil. no. xx.

Sig.: One pill three times a day.—*Dominion Medical Monthly*.

VAGINITIS OF CHILDREN.

Dr. Homer C. Bloom states, in the Philadelphia Polyclinic, that he has found the following combination extremely useful in cases of accidental gonorrhœal infection accompanied by high fever and marked constitutional involvement:—

- ℞ Tincture of belladonna, . . f3iss.
- Spirit of nitrous ether, . . f3iij.
- Camphorated tinct. opium, . . f3iv.
- Tincture of buchu, q. s. to make, ... f3iij.

M. Sig.: For a child, ½ teaspoonful, increased to a full teaspoonful, in a little water, every two or three hours.

This relieves the vesical tenesmus and has a general calmative effect.

In some of the cases presenting a gonorrhœal history, the most prominent symptoms will be the intense scalding and burning on micturition; and if the prescription just mentioned fail to give prompt relief, the following may be tried, with better results:—

- ℞ Salol, ... 60 grains.
- Phenazone, ... 30 grains.
- Oil of sandal wood, ... 45 drops.
- Copaiba, ... 90 drops.

M. Divide into 30 equal parts, in capsules. Sig.: One capsule every two hours.

Frequently, after the acute symptoms have subsided and local treatment is being carried out, we find cases that fail to yield to any topical measure. In such instances I have seen recovery follow in a short time after the use of a tonic alterative. For example:—

- ℞ Syrup of hydriodic acid,
- Compound syrup of hypophosphites, ... f3ij.

M. Sig.: A dessertspoonful in a wineglassful of water, before meals, thrice daily.

With this constitutional treatment systematic local treatment is conjoined. Few cases resist.

A SERVICEABLE PRESCRIPTION IN PHTHISIS.

The following combination reduces fever, cough, and sweating, and exerts a tonic influence:—

- ℞ Phenacetini, ... gr. xl.
- Strychninæ sulphatis, ... gr. j.
- Ammonii chloridi, ... 3j.
- Quininæ sulphatis, ... gr. xxxij.
- Pulvis capsici, ... gr. x.
- Pulvis digitalis, ... gr. vj.
- Ferri sulphatis, ... gr. xx.
- Atropinæ sulphatis, ... gr. ʒʒ.

M. ft. capsulæ no. xxxij.

Sig.: One capsule four times a day.—DR. THOMAS J. MAYS, in the *Philadelphia Polyclinic*.

CHRONIC ENTERITIS.

- ℞ Ext. of cinchona, ... gr. iss.
- Tannic acid, ... gr. ʒ.
- Powdered crude opium, ... gr. ʒ.

M. Sig.: For one pill. One such pill to be taken every two hours.

At each meal take a cachet containing

- ℞ Borate of bismuth, ... gr. viij.
- Benzo-naphthol, ... gr. iv.—M.

Every eight hours free lavage is practiced, 2 quarts of a tepid watery solution containing 75 grains of tannic acid.—*La Tribune Méd.*

AMMONIUM EMBELATE AS AN ANTISEPTIC.

Coronedi, the introducer of ammonium embelate as an anthelmintic, now states that it has also strong antiseptic action on pathogenic microbes (such as the bacillus anthracis), whilst enzymes (as ptyalin and pepsin) are not influenced by it. These properties and the

absolute innocuousness of the remedy on man may render it serviceable as a means of disinfection for the intestines and uro-genital organs, and externally in dermatoses.—*American Medico-Surgical Bulletin*.

FOR LUMBRICOID WORMS.

A favorite prescription (Deray) for worms (lumbricoid) in children is

R Santonin, ... 20 grains.
Podophyllin, ... 5 grains.
Sugar, ... 30 grains.

M. Sig.: Divide into five powders; give one every four hours until it acts freely on the bowels. The dose of podophyllum can be varied according to the age of the child.—*Western Druggist*.

A GOOD IODIDE MIXTURE.

When given alone iodide of potassium is apt to be very slow of absorption; the addition of ammonia is generally acknowledged to add greatly to its efficacy, and the following is an effective prescription in a portable form:—

R Potassii iodid., ... gr. v.
Spirit. ammon. aromat., ... ℥xv.
Tinct. gentian. comp., ad 3j.

M. ft. dosis.

Sig.: To be taken in a wineglassful of water.—*The Practitioner*.

ANEURISM.

Germain Sée prescribes

R Antipyrin, ... 3iss.
Syr. Tolu, ... f 3iss.
Aque, ... ad f 3ij.

M. Sig.: Tablespoonful from one to four hours, to relieve pain.—*Dominion Medical Monthly*.

MENORRHAGIA AND METRORRHAGIA.

R Extracti hydrastis fluidi, . . 3ss.
Extracti ergotæ fluidi, . . 3j.
Strychninæ sulphatis, . . gr. iij.
Tincturæ ferri chloridi, . . 3iss.
Syrupi simplicis, q. s. ad 3vij.

M. Sig.: 3j t. i. d. after meals.—*College and Clinical Record*.

INFANTILE COLIC.

Dr. G. C. M. Godfrey praises

R Extracti zingiberis fluidi, . 3iss.
Tincturæ asafoetidæ, . . 3ij.
Aque menthæ piperitæ, . . .
Aque cinnamomi, . . . 3j.
Syrupi simplicis, q. s. ad 3iv.

M. Sig.: 3j t. i. d., in water, before meals.—*College and Clinical Record*.

WHOOPING-COUGH

R Zinc. sulphatis, ... gr. iv.
Tincturæ belladonnæ, ... ℥xlviij.
Aque anisi, ... ad 3ij.

M. Sig.: Twenty drops, every third hour, for a child 1 year old, 30 for a child 3 years old, 60 for a child 5 years old, and so on.—*Indian Medical Record*.

DIABETES.

Dr. Davis A. Hogue, of Altoona, Pa., writes to the Medical Summary that he has found the following to be an unusually good formula:—

R Arsenici bromidi, ... gr. ss.
Codeine phosphat., ... gr. x.
Tr. physostigma,
Fld. ext. cascara sag. (P., D.
& Co's.), ... 3ss.
Fld. ext. ergot (Squibb's), . 3v.
Fld. ext. rhus aromatica, . 3xviij.
Elix. aromatic. (Wyeth's), . 3j.
Glycerin, . . . q. s. ad 3vj.

M. Sig.: Teaspoonful in water three times a day, one and a half or two hours after meals regularly.

BORAX LOTION.

A small addition of sugar increases the solubility of borax. It is used in the following powder for this reason, and also because it makes a more agreeable compound and assists in separating the other ingredients:—

R Sodæ biborat., ... 3ss.
Sodæ bicarb., ... 3ss.
Potass. chlorat., ... 3ss.
Sacch. alb., ... 3j.

M. ft. pulv.

Sig.: A teaspoonful to be dissolved in half a tumbler of tepid water.

This forms a pleasant, cleansing, and alkaline lotion, which can be used as a gargle or as a nasal douche. The powder can be used as a gargle or a nasal douche. The powder can be kept made up in packets in a portable form, and the lotion prepared freshly as required.—*Practitioner*.

TONIC IODIDE OF POTASSIUM.

A tonic form of administering iodide of potassium, and one which is not likely to produce iodism, is prescribed as follows:—

R Potassii iodid., ... gr. v.
Ferri et ammon. cit., ... gr. v.
Tinct. nucis vom., ... ℥v.
Tinct. quininæ, ... 3ss.
Syrup., ... ad 3ij.

Ft. dosis.

Sig.: Two teaspoonfuls in water after meals.—*Practitioner*.

PNEUMONIA.

Dr. G. Ivanov, senior physician to the Lomskata Bolnitsa (Lom Hospital), highly eulogizes the treatment of croupous pneumonia by the internal administration of camphor with antipyrin, his formula being as follows:—

R Camphoræ pulver., . . . 0.5 grm.
Antipyrin, ... 2.0 grms.
Morphii hydrochlorici, . . . 0.02 grm.
Sacchari, ... 9.5 grms.

M. ft. pulv.

Sig.: To give one-fourth of the powder every one or two hours.—*Provincial Medical Journal*.

BRONCHIAL ASTHMA.

The following combination is found useful by Dr. Eshner:—

R Sodium iodid., ... 3iv-vj.
Fluid extract of grindelia,
Fluid extract of quebracho,
Fluid extract of lobelia, 3ā f3j.

M. Sig.: A teaspoonful three times a day.—*Philadelphia Polyclinic*.

ANGINA.

For simple angina Dr. Pepper prescribes

R Potassii chlorat., ... 3ij.
Potass. bromide, ... 3ss.
Ext. belladonnæ, ... gr. iv.
Syr. limonis, ... f3j.
Syr., ... q. s. ad f3iv.

M. Sig.: Teaspoonful thrice daily.—*Medical World*.

HICCOUGH.

In obstinate cases with extreme debility Gerhard's formula is

R Hydrargyri chloridi mitis, . gr. j.
Sacchari lactis, ... 3ss.
Misce et fiant chartulæ no. xij.

Sig.: Take one powder every hour.—*Southern Medical Record*.

COUGH OF PHTHISIS.

R Glycerini, ... f3ij.
Tr. ferri chlor., ... f3ij.
Creasoti, ... gtt. xxx.
Alcohol, ... f3j.
Tr. gentian co., ... f3ij.
Vini malag., ... q. s. ad f3viij.

M. Sig.: Tablespoonful in sweetened water before meals.—*La Clinique*.

A SERVICEABLE RULE.

Dr. Goodell never passes a sound into the uterus without first demanding a full history of menstruations.

Attention to this rule will often prevent your tendering the designing patient a cheap abor-

tion. Even with a clear history he repeats the rule of the elder Dr. Goodell, "cervix hard as the tip of your nose—no pregnancy exists. Cervix soft as your lips—pregnancy almost certain to exist."—*Medical World*.

BURNS AND SCALDS IN CHILDREN.

Dr. Wertheimer applies

R Lime-water,
Linseed-oil, ... 3ā gtt. xxx.
Thymol, ... gr. i-iss.

During or toward the end of the second week this is changed for the following salve:—

R Bismuth subnitrate, . . . 3ii¼.
Boric acid, ... 3i gr. viiss.
Lanolin, ... 3ii 3iss.
Olive-oil, ... 3v.

—*Medical and Surgical Reporter*.

BURNS.

In burns, scalds, and moist eczema:—

R Borate of calcium,
Glycerin, ... 3ā 3i¼.
Lanolin, ... 3v.
Balsam of Peru, ... gr. xv.
M. ft. ungt.

DIARRHŒA.

For a child from 5 to 7 years of age:—

R Borate of calcium, . . . gr. viii-x.
Powdered salep., ... gr. iij.
Sugar, ... gr. v.

M. One such powder to be taken three times a day.—*La Médecine Moderne*.

INDIGESTION.

A prescription that has given good results in Dr. Griffith's clinic is as follows:—

R Oil of cloves, ... ℥ii-iiij.
Diluted hydrochloric acid, . . ℥xv.
Tincture of nux vomica, . . . ℥xx.
Comp tinct. cardamom., . . . f3ij.

M. Sig.: To make 1 dose, given before meals, thrice daily.—*Philadelphia Polyclinic*.

CHRONIC TOBACCO POISONING.

Dr. E. J. Kempf, of Jasper, Ind., says, in the American Practitioner and News, that the following is one of the best tonics to give the patient:—

R Gold and sodium chloride, . gr. ½
Strychnine nitrate, ... gr. ⅛
Nitroglycerin, ... gr. ⅞
Atropine, ... gr. ⅞
Tr. digitalis, ... ℥iij.
Oleoresin capsicum, ... ℥¼.

M. A tablet.

Sig.: One four times a day, four hours apart.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
THE F. A. DAVIS CO., Publishers.
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Philadelphia, April, 1895.

BELLADONNA IN THE DISEASES OF CHILDREN.

THE management of disease in youthful patients usually devolves upon the general practitioner, and the graduate of yesterday is liable at any time to find himself confronted with the most serious problems. The rapid onset and the sudden fluctuations of disease in children compel the most alert attention on the part of the physician. Not only must we study the physiology of youth and the modified symptomatology of its diseases, but we must also acquaint ourselves with the special susceptibility of childhood in regard to powerful drugs. To a certain extent, therefore, the field of therapeutics presents important variations in reference to children and adults. Apart from heredity, the tissues of children are unaccustomed to morbid influences; neither have they by habit become habituated to the action of neurotic drugs. Thus in many instances reaction to medicaments is notably prompt and energetic, and posology requires a special study in connection with juvenile patients. We have taken pleasure, in previous issues, in referring to the pointed and practical studies of Dr. J. Comby in the therapeutics of childhood, and take occasion to follow him today in his exposition of the applications of belladonna.* This is an exceedingly useful drug in various diseased conditions, but, like every active remedy, it is powerful for evil no less than for good. Its virtues and limitation, therefore, should alike receive careful study. It should be administered in accordance with the indications of the disease and the age of the patient. The physiological effects of belladonna are decided, and yet it is a fact which

could only be learned by experience that, comparatively speaking, it is better borne by children than by adults, and cases of fatal intoxication are exceptional in the former class of patients. The drug, fortunately, does not accumulate rapidly in the organism and is speedily eliminated in the urine.

A case was reported by Dr. Monteverdi in the *Archivio Italiano di Pediatria* of 1893, the patient being a child, 3 years of age, who had swallowed a collyrium containing about $\frac{1}{4}$ grain each of sulphate of atropine and hydrochlorate of cocaine. There were vertigo, excitement, delirium, dilated pupils, small and frequent pulse, cold extremities, and stertorous respiration. Notwithstanding this formidable array of symptoms and the fact that the child was not seen until four hours after the accident, the patient recovered under the use of morphine hypodermatically, together with stimulating clysters and frictions. At the end of two hours the child began to recover from its intoxication.

In addition to the extract and tincture employed in this country the French make use of a syrup of belladonna, which contains 75 centigrammes (about 12 minims) of the tincture to 10 grammes ($2\frac{1}{2}$ drachms) of syrup, and is, therefore, by no means an inactive preparation. Some, as M. Cadet de Gassicourt, prefer in practice to dilute the syrup of belladonna by mixing it in proportion of 1 part to 3 parts of syrup of Tolu, making thereby a more manageable preparation which may be safely given in teaspoonful doses.

Belladonna is frequently of use in the diseases of children. It is particularly valuable in disorders of the respiratory apparatus, accompanied by excessive secretion or by spasmodic action, from coryza with repeated sneezing to spasmodic bronchitis and whooping cough. In coryza with abundant discharge and difficulty of respiration on account of obstruction of the nasal fossæ it is advantageous to promote dryness of the pituitary membrane by the administration of belladonna. Simple laryngitis due to cold, laryngismus stridulus, essential or symptomatic spasm of the glottis are also favorably influenced by this remedy. In a great many cases it produces manifest

* *La Médecine Moderne*, January 5, 1895.

relief, acting both upon the laryngeal secretions and the nervous element which causes the spasm. Tracheo-bronchitis and spasmodic bronchitis, whether dependent or not upon *la grippe*, are equally ameliorated by the employment of belladonna. As much may be said in its favor regarding its use in constitutional or symptomatic asthma, the asthma-like attacks of tracheo-bronchial adenopathy, of emphysema, and in paroxysms of dyspnoea. Although so beneficial in spasmodic affections of the upper respiratory passages, our author deprecates its use in pulmonary maladies accompanied by prostration and tendency to collapse, as pneumonia, broncho-pneumonia, etc.

It is, above all, in whooping-cough that this remedy has been employed the most frequently and extensively in the form of tincture, syrup, or even sulphate of atropine. The sedative and antispasmodic properties of belladonna particularly distinguish it as suitable for use in a disease in which the spasmodic element overshadows all other manifestations. It is, therefore, universally employed in the spasmodic stage of pertussis. In order to obtain its beneficial effects it should be pushed until it begins to produce its constitutional manifestations. Smaller doses do not succeed in allaying the spasmodic cough.

Apart from maladies of the respiratory apparatus, belladonna has been employed as a sedative in painful conditions of the intestine, in stubborn constipation, and fissure of the anus. In constipation it is often associated with purgatives, as aloes, podophyllin, or scammony. In painful affections of the bowel belladonna is often superior to opium, and has the advantage over the latter of not causing constipation. It has also been employed in the dysmenorrhoea of young girls. Since the time of Trousseau belladonna has been much used in nocturnal incontinence of urine, probably acting in such cases by suppressing reflex action, anæsthetizing the vesical mucous membrane, and contracting the fibres of the sphincter. It must be admitted, however, that these explanations of its action are hypothetical and that the remedy often fails. The influence of belladonna is very uncertain also in epilepsy, the convulsive diseases of childhood, chorea,

and tetanus. These disorders, formerly treated by massive doses of belladonna, have rarely been cured or ameliorated by this drug. It has been advocated as prophylactic against scarlatina, but the experience of Barthez, Sainte-Eugénie, and Balfour, not to mention numerous other observers, has failed to confirm this claim. Belladonna may often be advantageously employed externally and internally for the purpose of controlling itching in the diseases of the skin. In the night-sweats of tuberculosis it exerts a favorable influence. This remedy, to conclude, though powerful and efficacious in cases to which it is suited, should not be thoughtlessly prescribed. Its most successful action is found in flux from the pituitary or bronchial membrane, in salivary hypersecretion, in whooping-cough, asthma, laryngitis, tracheo-bronchitis, etc. In other disorders, though it may render service, it is a less reliable remedy.

A NEW METHOD OF DIAGNOSIS OF CANCERS OF INTERNAL ORGANS.

THE therapeutics of advanced cancer is, it must be confessed, not an encouraging subject, especially when the disease is situated in internal organs and inaccessible to the knife. Nevertheless, the study of the natural history of this terrible disease is of the utmost importance. Every manifestation, subjective or objective, which may facilitate the diagnosis, is sure of a welcome from clinicians. The more complete our knowledge of the disorder, the greater is the hope that we may ultimately find the means of arresting its evolution. We have, therefore, read with much interest, a contribution by Professors V. Babés and G. Stoicesco, of the Medical Faculty of Bucharest, published in a recent number of a valued French exchange.* The authors begin their paper by remarking that Leube and Virchow had pointed out the generalization of gastric carcinoma by its extension to ganglia and especially to the subclavicular ganglia. Hen-

* Sur le diagnostic du cancer des organes internes par l'examen microscopique des petites tumeurs métastatiques sous-cutanées. Par V. Babés et G. Stoicesco, professeurs à la Faculté de Médecine de Bucarest. Le Progrès Médical, February 23, 1905.

noch and Friedreich, as well as Troisier, have since given similar descriptions. Jaccoud has also insisted, in his clinical lectures, upon the importance of cervical adenopathy in the diagnosis of cancer of the stomach. Analogous glandular metastases may accompany cancer of any of the abdominal organs, but, in more than half the cases, this involvement points to malignant disease of the stomach. Cancer of the uterus, moreover, causes enlargement of the inguinal glands and finally of those in other situations, particularly in the lower part of the body. The writers then come to the distinctive feature of their paper, and premise they have been able to find in medical literature but a few scattered allusions to generalized metastatic tumors of the skin. C. Wedl, indeed, describes a uterine carcinoma in which multiple cutaneous metastases were discovered *at the autopsy*. Professors Babés and Stoicesco base their communications upon three cases in which generalization of cancer in the skin and subcutaneous tissue was observed *during life*, and which they made use of as a valuable means of determining the presence of the malady in internal organs. The first case was a cancer of the stomach, the situation of which rendered the diagnosis very difficult. By a microscopical examination of a subcutaneous nodule their attention was directed to the existence of a gastric carcinoma. In a second case the same disease affected the womb. During life the diagnosis was not altogether clear as regards the nature of the uterine neoplasm, although the existence of a subcutaneous growth was looked upon as having a direct relation to the subject. From the third case it would seem that the title of their paper might be more comprehensive, for here the diagnosis of an internal sarcoma was established by the same process.

The first patient was a man 45 years of age. Six or seven months before coming under observation he had lost appetite, had begun to experience vague abdominal pains, and had ever since been losing flesh. About four months later he began to suffer, from time to time, from vomiting directly after the ingestion of either solid or liquid food. There had been no hæmorrhages. At nearly the same time

that the vomiting commenced, he perceived the development of small, scattered nodules under the skin. When admitted to the hospital he was notably pallid and extremely emaciated. In the deeper layers of the skin and beneath the integument were small, hard, and mobile tumefactions varying in size from a millet seed to a pea. They were discrete and scattered over all the surface of the body. The axillary and inguinal glands were somewhat enlarged, but isolated and movable. One of the cutaneous tumors was excised and examined at the Institute of Pathology and Bacteriology. The lungs and heart were normal. Palpation of the epigastrium conveyed the impression of a diffuse and deep swelling, but not well marked nor constituting a tumor. The percussion-sound seemed somewhat obscure and the stomach was slightly dilated. The epigastric and hypochondriac regions were sensitive to palpation and percussion. During the patient's sojourn in the hospital there was neither vomiting nor mæna. Death occurred five days after admission. From the microscopical examination the authors had been able to determine the carcinomatous nature of the subcutaneous tumors and even to establish their metastatic character, having as their point of departure a primary glandular and tubular carcinoma. On account of the gastro intestinal difficulties, the profound emaciation, and, above all, the result of examination of the subcutaneous growths, the authors did not hesitate, during life, to diagnosticate cancer of the stomach. At the autopsy the whole wall of the cardiac extremity of the stomach, especially at its posterior portion, was thickened, infiltrated by tissue of new formation, white and reticulated. The infiltration encroached upon the lower end of the œsophagus. It insinuated itself between the muscular fibres of the stomach and could be seen beneath the peritoneal surface as white, flat, and confluent patches. The mucous membrane was thickened, bosselated, and ulcerated. The stomach and intestines were contracted. Microscopical examination revealed the fact that the pathological alterations were due to glandular carcinoma of the stomach.

The second case was that of a woman, aged

42 years. Her disease had commenced, as far as noticed, eleven months before admission, the first manifestations being abundant metrorrhagia and abdominal pain. The floodings had disappeared without any treatment at the end of six months, and she entered the hospital on account of persistence of the pain. This symptom was exaggerated by the ingestion of food, but the patient had no nausea nor vomiting. She was cachectic and presented, irregularly scattered over her body, a number of subcutaneous tumors of varying size, the oldest and largest being as large as a hazel-nut, and situated at the base of Scarpa's triangle, upon the left side. The skin was violaceous at this point and adherent to the growth. The older and larger nodules were painful and immobile, some being seated in the subcutaneous tissue and others in the muscles. The neck of the uterus was destroyed by a hard tumor of irregular surface. The vaginal vault was infiltrated, the *culs-de sac* were infiltrated and obliterated, especially upon the left side. The body of the uterus was somewhat hypertrophied. Examination caused pain. The patient died about four weeks after entrance. Histological examination of a subcutaneous tumor removed during life had demonstrated to the writers that they were dealing with a metastasis of glandular carcinoma. They inferred that the superficial growths and the uterine neoplasm possessed the same characteristics.

At the post-mortem examination two nodules were found in the thyroid gland and several in the lungs, all having the same character as those in and beneath the skin. The retroperitoneal and mediastinal glands were very large. The internal genital organs were adherent to the lateral walls of the pelvis. The walls of the vagina and the neck of the uterus were destroyed by a neoplasm, which likewise infiltrated the lower half of the body of the womb. Under the microscope this growth was shown to be unmistakably a carcinoma.

The two foregoing cases were distinguished only by the special localization of their metastases, but nevertheless present a particular practical interest as regards diagnosis. The authors state that they have not found on record any cases in which the diagnosis, more or less

obscure, had been rendered exact by means of examination of cutaneous metastases. In the cases cited the growths upon the surface were so distinctive as to leave no doubt as to the presence of an internal cancer. It therefore appears that in cases marked by cutaneous metastasis the method described by Professors Babés and Stoicesco will be of material assistance in the diagnosis of difficult cases.

COLLEGE GOSSIP.

UNIVERSITY NOTES.—*Forceps.*—Before giving the regular lecture on the "Use and Application of the Forceps" and "Embryotomy," Dr. Hirst gave a very interesting description of the instruments necessary for each operation, exhibiting instruments of the earliest make and the principal improvements on them down to the present time.

Craniotomy.—In case of craniotomy Dr. Hirst administers an anæsthetic, not on account of the length or pain of the operation,—which is a short one, with very little pain,—but to prevent the mother from seeing the mutilated child.

Plasmodium of Malaria.—Dr. Judson Daland lately delivered an illustrated lecture to the First-Year Class of the Medical Department, on the "Plasmodium of Malaria." The illustrations, which were shown by the aid of a magic lantern, gave the gentlemen, first, an idea of the appearance of normal blood, and then that of blood which contained the plasmodium, a complete life-cycle of the microbe being shown.

Regarding Tuberculosis.—On March 5th the John Guitéras Medical Society gave a debate on the question, "Is Tuberculosis Sufficiently Contagious to Warrant National Interference?" to which all the students of the Medical Department were invited. Dr. Horatio C. Wood acted as chairman, the debate being carried on by members of the John Ashhurst, Jr., Surgical Society, and of the William Pepper and John Guitéras Medical Societies. At the close of the debate Dr. Wood gave a short talk on the question, which was followed by a vote from those present deciding in favor of the negative.

A New Element—Argon.—Dr. Wormley, Professor of Chemistry, gave a very interesting and instructive talk on "Argon," the newly-discovered element of January, 1895. This element is a constituent of atmospheric air to the extent of about 1 per cent., and has a critical pressure of 50 atmospheres.

MEDICAL NEWS AND MISCELLANY.

PROF. J. GOTTSTEIN, of Breslau, an eminent laryngologist, is dead.

THE new Mercy Hospital at Des Moines, Iowa, is now ready for occupancy.

A MEETING of the French Society of Otology and Laryngology was held in Paris on March 1st.

THE Ninth Congress of the German Anatomical Society will be held at Basel on April 17th to 20th.

AN Association for the Protection of the Public Health has been formed at Frankfort-on-the-Main.

DR. J. P. ARNOLD has been appointed Superintendent of the Presbyterian Hospital in Philadelphia.

THE twentieth annual meeting of the Arkansas Medical Society will be held in Little Rock on May 1, 1895.

SUMMER SCHOOL OF MEDICINE.—The Chicago Summer School of Medicine opened its session on March 6th.

SIR RICHARD QUAIN, Bart., has accepted the office of President of the Northwest London Clinical Society.

DR. JAMIN STRONG, for many years superintendent of the Cleveland Hospital for the Insane, has departed this life.

OBSTETRICAL SOCIETY OF FRANCE.—The third meeting of this Society is to be held at Paris on the 18th to 20th of April.

DR. ALBERT VANDER VEER, of Albany, was elected a regent of the University of the State of New York by the Legislature.

DR. ARMAND RUFFER has tendered his resignation of the post of Director of the British Institute of Preventive Medicine.

DR. CHARLES A. OLIVER, of Philadelphia, has been elected an honorary member of the Pueblo County (Colorado) Medical Society.

THE thirteenth meeting of the German Congress of Internal Medicine will be held at Munich from the 2d to the 5th of April.

ARTIFICIAL SUGAR.—An Italian chemist, M. Pellegrini, claims to have succeeded in producing true sugar synthetically at a low cost.

DR. OSTRANDER, the oldest practicing physician in Brooklyn, died in that city January 30. He was born in New York City, June 4, 1804.

DR. CARL SEILER has resigned his position as Clinical Professor of Laryngology at the University of Pennsylvania, owing to impaired health.

SIR WILLIAM SCOVELL SAVERY, surgeon extraordinary to Queen Victoria, and late president of the Royal College of Surgeons, is dead at the age of 69.

A NEW CITY HOSPITAL FOR KANSAS CITY.—Plans have been completed for the enlargement of the City Hospital, the cost not to exceed \$15,000.

DR. E. E. HEGG, of North Yakima, Wash., has been appointed a member of the Washington State Board of Health and Bureau of Vital Statistics.

THE King of the Belgians has sent the Grand Cordon of the Order of Leopold to M. Pasteur, and the Cross of Commander of the same order to M. Roux.

GERMAN SURGICAL CONGRESS.—The twenty-fourth meeting will be held at Berlin on April 17th to 20th, under the presidency of Professor Gussenbauer.

DR. PERCY BRYANT has been appointed first assistant physician in the Buffalo State Hospital, to succeed Dr. Arthur W. Hurd, promoted superintendent.

DR. GRIFFITHS JOSEPH SWAYNE has recently resigned his professorship at Bristol University College and lectureship at the Medical School after fifty years.

ELECTIONS.—Dr. William Thomson has been appointed Professor, and Dr. Howard F. Hansell Clinical Professor, of Ophthalmology at Jefferson Medical College.

IOWA STATE MEDICAL SOCIETY.—The forty-fourth annual meeting of the Iowa State Medical Society will be held April 17th, 18th, and 19th, in Creston, Iowa.

THE Fifth International Congress of Otology will be held at Florence on September 23d and four following days, under the presidency of Professor Vittorio Grazi.

HARVARD MEDICAL SCHOOL.—Prof. H. P. Bowditch has resigned the office of Dean of the Harvard Medical School, after a period of service extending over ten years.

A MEETING of the Medico-Psychological Association of Great Britain and Ireland was held at the County and City Asylum, Powick, near Worcester, on February 21st.

THE American Academy of Medicine will hold its twentieth annual meeting in one of the buildings of the Johns Hopkins University on Saturday, May 4, and on Monday, May 6, 1895.

MEDICAL PUBLISHERS.—The annual meeting of the American Medical Publishers' Association will occur on May 6th, convening in the parlors of the Eutaw House, Baltimore, at 9.30 A.M.

DR. ROSWELL PARK, Professor of Surgery in the Buffalo University Medical College, was elected President of the Medical Society of the State of New York at its recent annual meeting.

DR. DANIEL LEWIS, of New York City, has been appointed a member of the State Board of Health. At a meeting of the New York Academy of Medicine, Dr. Lewis was also elected one of the vice-presidents to fill the vacancy caused by the election of Dr. Joseph D. Bryant as president of the academy.

AT the fourth annual session of the Arizona Medical Association, convened at Phoenix, Ariz., the following officers were elected for the ensuing year: President, Dr. P. G. Cotter; Vice-Presidents, Drs. Neil McIntyre, B. G. Fox, and A. M. Givens; Secretary, Dr. L. D. Dameron; Treasurer, Dr. I. B. Hamilton; Essayist, Dr. F. H. Willes. The next meeting will be held in Prescott, May 28, 1896.

ON May 15th Professor von Dittel, the distinguished surgeon of Vienna, will complete his eightieth year. A committee has been formed to arrange for the proper celebration of the occasion. A medal, bearing the likeness of the *Altmeister* is to be struck in his honor.

MADAME RODSTVENNAIA-CHANIAVSKAIA has undertaken to contribute 12,000 roubles (about \$6000) a year for ten years to the School of Medicine for Women, which it is proposed to establish in St. Petersburg, if the school is opened during 1895.

FUNCTION OF THE SUPRARENAL CAPSULES.—Some light is thrown upon the nature of the function of the suprarenal capsules by a series of experiments made by de Dominicis. He concludes (*Arch. de Phys.*) that total extirpation of these bodies, either simultaneously or with an interval between, invariably causes death after a maximum lapse of two, three, or four hours. This ablation immediately causes intense shock, with phenomena of stupefaction and of general collapse, especially of the heart. Section of the spinal cord in advance, or the exhibition of atropine, notably retards these symptoms, and at the same time diminishes their intensity. The theory of auto-intoxication appears to de Dominicis less in accord with these facts than with that of a violent neurolytic action, thus apparently confirming the recent opinion of Fusari that the suprarenal glands are nervous ganglia.—*Journal of the American Medical Association.*

AN International Congress of Hydrology and Balneotherapy will be held at Ostend this year; the exact date remains to be fixed. The Congress will occupy itself with the discussion of the two following questions: 1. The Treatment of Pulmonary Phthisis at the Sea-side. 2. The Technique of Sea-bathing.

THE FRENCH CONGRESS OF ALIENISTS AND NEUROLOGISTS.—We learn from the *Mercredi Médical* that the Sixth Annual Congress of the Alienists and Neurologists of France and the French-speaking countries will be opened in Bordeaux on the 1st of August, under the presidency of Dr. Joffroy, of the Paris Faculty of Medicine. The secretary-general is Dr. E. Régis.

CHANGES.—The trustees announce that Dr. Emory Lanphear is no longer connected with the College of Physicians and Surgeons. Hereafter the Clinique will be edited by a committee of three members of the faculty, with Dr. James A. Close, the dean, as chairman. The Chair of Principles and Practice of Surgery will be filled by Professor Funkhouser for the remainder of the term. Dr. Frank Ring has been appointed Registrar.

DR. JULES REGNAULD, Professor of Pharmacology in the Paris Faculty of Medicine, who died on February 9th, took his doctor's degree in 1847, and became *Agrégé* in 1857. In 1859 he was appointed Professor of Pharmacology. He was President of the Académie de Médecine in 1892. He was joint author, with his father-in-law, Professor Soubeiran, of a "*Traité de Pharmacie*," which is still a standard text-book in the French Schools, and of papers embodying the results of original researches on ether, chloroform, mydriatic alkaloids, etc. He was a man of great moral and intellectual worth, and of a retiring modesty which showed itself even in his directions as to his funeral. By his express wish no intimation was sent out, no official delegation was present, and no parting salute of funeral oratory was delivered over the grave.—*British Medical Journal.*

UNION MEDICAL ASSOCIATION OF NORTHEASTERN OHIO.—At the annual meeting of this association, held at Akron, the following officers were elected for the ensuing year: President, Dr. L. S. Ebright, Akron; First Vice-President, Dr. Henry S. Upson, of Cleveland; Second Vice-President, Dr. H. H. Jacobs, of Akron; Recording Secreeary, Dr. L. E. Sisler, of Clinton; Corresponding Secretary, Dr. Albert Hoover, of Akron; Treasurer, Dr. Eli Conn, of Akron.

AMERICAN MEDICAL ASSOCIATION.—The forty-sixth annual session will be held in Baltimore, Md., on Tuesday, Wednesday, Thursday, and Friday, May 7th, 8th, 9th, and 10th, commencing on Tuesday at 10 A.M. Physicians and others who expect to attend this meeting will find it to their advantage to write or call upon any Baltimore and Ohio ticket-agent for routes and rates. Besides offering low rates to this meeting, the Baltimore and Ohio is a particularly desirable route. All its through trains between

the East and West run *via* Washington. Solid vestibuled trains, with sleeping cars attached, are run to Baltimore from Chicago, Pittsburgh, Cincinnati, Louisville, and St. Louis, and the Royal Blue Line from Eastern points. No matter where you start from, write to nearest Baltimore and Ohio ticket-agent for information or to Charles O. Scull, General Passenger-Agent, Baltimore, Md.

THE BITTER CRY OF THE DOCTORS.—The Paris correspondent of the British Medical Journal says: "The medical papers lament over the medical crisis which is observed to exist in England, France, Germany, and Belgium. It is said that the position of medical men in France becomes from day to day more difficult. Many have brilliant careers and make large fortunes, but the majority lead a struggling life. The *Progrès Médical* believes the principal cause of this to be an abuse of the Mutual Aid Societies. The flourishing condition of these societies, according to the same authority, is mainly due to the self-abnegation and devotion of their medical officers. These societies realize thousands and thousands of pounds; their members are certain of help in time of need, and the medical officers live a life of hard work for almost nothing; well-to-do members of these societies are attended by their medical men day and night at an expense of 3 or 4 francs a year."

DR. A. L. BENEDICT, of Buffalo, was awarded the Merritt H. Cash prize by the Medical Society of the State of New York at its meeting held in Albany. There were three essays in competition. The subject of the successful one was "Auscultatory Percussion and Allied Methods of Physical Diagnosis." The award was \$100 in money.

EDITOR OF THE ARCHIVES.—Dr. Dillon Brown has resigned his position as editor of the Archives of Pediatrics. His resignation will go into effect after the distribution of the April number.

PHYSICIAN'S DIARY, 1895.—The Eisner and Mendelson Company, of 152 and 154 Franklin Street, New York, have issued a beautiful little book suitable for the vest-pocket. It is arranged as a diary and contains also a calendar for the year, pages for engagements, memoranda, cash account, etc. The book is bound in Russia leather and has gilt edges.

A BILL CONCERNING PATENT MEDICINES.—A bill has been introduced to the Minnesota Legislature, by Dr. Zier, requiring those who manufacture patent medicines and nostrums to publish their formula on each bottle, box, or package. The measure is a just one and has received the indorsement of many physicians and pharmacists of the State.

DIPHTHERIA ANTITOXIN.—Messrs. Parke, Davis & Co., of Detroit, have equipped a large laboratory for the purpose of preparing antitoxin, which they will soon be able to furnish to the profession. Dr. Charles T. McClintock, of the Michigan University, is in charge of the work. He has associated himself with Dr. E. M. Houghton; Karl Schwickerath, Ph.G., Ph.D., a pupil of Professor Buchner, the celebrated bacteriologist; and George Suttie, Ph.C., M.D. The horses had all been selected under the supervision of Dr. McClintock, of the University, and were chosen for their healthy and youthful condition. Not one of them has ever been broken to harness, and they were obtained from localities where glanders and other diseases are wholly unknown. They are given the best of treatment and are under the constant scrutiny of a veterinary surgeon.

APPOINTMENTS IN THE PHILADELPHIA POLYCLINIC.—During the year the following new appointments and promotions to the position of Instructor have been made: Instructor in Clinical Diagnosis, Dr. David Riesman; Instructors in Diseases of Children, Drs. William M. Menah and J. Herbert McKee; Instructor in Obstetrics and Diseases of Infancy, Dr. William H. Wells; Instructors in Diseases of the Ear, Drs. Henrietta Dougherty and George C. Stout; Instructor in Diseases of the Nervous System, Dr. Elizabeth Bundy; Instructor in Bacteriology, Dr. D. T. Laine; Instructor in Gynecology, Dr. Theodore A. Erck; Instructors in Orthopædic Surgery, Drs. J. Torrance Rugh, F. Savary Pearce, and Bertha Lewis; Instructors in Operative Ophthalmology, Drs. Clarence A. Veasey and Archibald G. Thomson; Instructor in Genito-Urinary Surgery, D. John Lindsay; Instructor in Diseases of the Eye, Dr. Florence Mayo.

THE Obstetrical Society of Leipzig has conferred its Honorary Fellowship on Sir William Priestley at the commemoration of the fortieth anniversary. Sir William Priestley has also within the present year been elected an Honorary Fellow of the Edinburgh Obstetrical Society, and an Honorary Member of the Berlin Gynecological Society when it celebrated its jubilee.

DISCONTINUANCE OF THE AMERICAN LANCET.—With the issue of March, 1895, Dr. Leartus Connor retired from editorial work after twenty-four years' editorial conduct of a medical journal. The American Lancet is the lineal successor of a journal established by the retiring editor in 1871. Originally published as well as edited by Dr. Connor, the periodical has twice passed into other hands as regards publication, having for many years, as is well known, been published by Mr. George S. Davis. Throughout all these

years and changes Dr. Connor had retained the editorial management, and, whatever its title, had made his journal a valuable medium of professional knowledge. His aim was high and the result was a first-class journal. In consequence of the retirement of Dr. Connor it is announced by Mr. Davis that the publication of the American Lancet will be suspended. The American Lancet has been so peculiarly the creation of Dr. Connor's qualifications that it is deemed futile to seek a successor. We shall be sorry to miss the American Lancet and Dr. Leartus Connor from the field of medical journalism.

CUNEIFORM CARTILAGES.—We learn from the British Medical Journal that Prof. Bernhardt Fraenkel, of Berlin, has recently pointed out that the little wedge-shaped cartilage in the ary-epiglottic fold, generally known by the name of Wrisberg, was really first described by Morgagni. It was subsequently rediscovered—apparently quite independently—by the celebrated Dutch anatomist, Peter Camper (1770). Dr. Fraenkel therefore thinks it would be well to drop the eponymous designation and call the cartilage simply "cuneiform," as was proposed by Cuvier.

LOUISVILLE ACADEMY OF MEDICINE.—A new organization bearing the above title has recently been founded. The officers of the Academy are: President, Dr. T. L. McDermott; Vice-President, Dr. Frank C. Simpson; Secretary, Dr. John L. Howard; and Treasurer, Dr. J. M. Ray. An executive committee, consisting of Dr. Turner Anderson, Dr. C. W. Kelley, Dr. William L. Rodman, and Dr. Lewis S. McMurtry, have the affairs of the society well in hand, and have instituted measures which will insure its success. Elegant permanent quarters have been secured and the society begins the new year with more than flattering promises.

ARCHIV FÜR VERDAUUNGS KRANKHEITEN.—Under this name a journal is about to appear, published in Berlin and edited by Dr. I. Boas, assisted by specialists in Germany and other countries. The new journal is to be devoted to diseases of the digestive organs and dietetics, as its name indicates.

THE ANTITOXIC DIPHTHERIA TREATMENT.—In a lecture lately delivered Dr. G. Sims Woodhead, at the request of the British Institute of Public Health, gave a very lucid and general review of this most important question, as far as the results of recent observations go. As Director of the Research Laboratory of the conjoint board, the expressions of his opinions must be carefully studied as indicating the line of investigation and advance which should be taken up, and to what extent the medical man can accept the treatment as already established. An abstract of his remarks is given in The

Therapist, which says: "The aim of Dr. Aronson was not only to produce a concentrated serum of definite strength, but, as will be remembered, in the description of his process of manufacture given in the Therapist (March, 1894, p. 26), Dr. Aronson sought to remove inert or deleterious albuminoid substances, and so avoid any bye or after effects due to the presence of toxic substances, not antitoxin. As a matter of fact, in the earlier months of the treatment, when only Dr. Aronson's antitoxin was employed, there was no mention of any untoward effects in any of the detailed descriptions of cases treated by different medical men, and 'abscess formation resulted only once in 200 injections made at the Kaiser and Kaiserin Hospital, Berlin.' The history of all the cases from every source, if treated in time, was the same: fall of temperature, improvement of pulse, disappearance of membrane, complete recovery, no sequelæ."

THE SONG OF THE GENERAL PRACTITIONER.
[Sung at the Annual Dinner of the Bolton and District Medical Society.]

He must not walk his rounds for fear his patients think him poor,
And dearly do they love to see a carriage at their door;
And if his horse is fat, "He must have little work to do,"
And if it's lean, the reason is, "He starves the poor old screw."

Should he call upon his patients every day when they are ill,
His motive plainly is, "to make a great big doctor's bill";
If he visits them less frequently,—thus less'ning their expense,—
The chances are he'll be accused of willful negligence.

He must work all day and half the night, and never say he's tired;
For the public look upon him simply as a servant hired.
And should he take a holiday, he'll find, when he comes back,
Some patients have resented it by giving him "the sack."

Concerning money, he must seem indifferent to be,
And folks will think he practices from pure philanthropy.
When we hear about him boasting of the guineas that he earns,
We wonder if they all appear in his income-tax returns.

About his own afflictions he must never say a word;
The notion of a doctor being ill is so absurd!
And when, perhaps from overwork, he's laid upon the shelf,
His sympathizing patients say, "Physician, heal thyself!"
J. JOHNSTON, M.D., in *Lancet*.

PALATAL ULCERATION IN TABES DORSALIS.—Dr. Letulle records the case of an ataxic (and syphilitic) patient, who had formerly suffered from perforating ulcer of the foot, and who recently developed perforation of the palate, accompanied with the loss of teeth and total anæsthesia of the whole mouth. The perforation communicated with the maxillary sinus, but it had never given issue to pus. Dr. Lermoyez has also met with two tabetic patients who presented perforations of the palate that had been produced spontaneously and with suppuration.
—*Medical Fortnightly*.

A LADY BACTERIOLOGIST.—It is announced that Dr. Anna Williams has been appointed an assistant on Dr. Biggs's staff in the service of the Health Department of the City of New York.

NORTHWESTERN OHIO MEDICAL ASSOCIATION.—At its forty-ninth semi-annual meeting this association elected the following officers: President, J. K. Woods, Lima; Vice-President, Joseph Sager, Celina; Second Vice-President, W. E. Hoover, Lima; Secretary, Chas. Graef, Sandusky. The next meeting will be held in Findlay, June, 1895.

AUTO-INOCULATION OF HARD CHANCER.—S. Nolin reports three cases of this kind. In the first the seat of the chancre was on the inner side of the eyelid, which the patient had rubbed continually, a particle of iron having lodged in the conjunctival *cul-de-sac*. In the second case the chancre was inoculated in the right armpit, while in the third it occurred in the folds of the prepuce.—*St. Louis Clinique*.

A CASE OF OESOPHAGEO-PLEURO-THORACIC FISTULA.—N. Samuelson had under his care a boy of 11 years who suffered from right-sided empyema, which was treated by incision, washing out with tepid 4-per-cent. solution of boric acid, and drainage. The wound closed completely, but in two years and a half relapse occurred. Fragments of undigested food appeared at the orifice of the fistula, mixed with the mucus of expectoration, but free from tubercle bacilli. Attacks of cough followed the drinking of fluids, especially when the latter were cold. In a few seconds the fluid ingested ran out through the orifice, which was situated in the right mammillary line, eight centimetres below the nipple. There was great emaciation, with acute pains in the chest and diarrhoea, and finally the patient succumbed. Post-mortem examination showed a fistula in the oesophagus, behind the hilus of the right lung, two centimetres in length and one centimetre wide, in free communication with the pleural cavity.—*Universal Medical Journal*.

PRESSURE-PALSY FROM WALKING UPON STILTS.—Bergonié and Bordier report a case of paralysis from pressure on the right anterior tibial nerve, just below the division of the external popliteal nerve into its anterior tibial and peroneal branches. The tibialis anticus and the extensors of the toes and the great toe were the muscles affected. The peronei had escaped. The patient lived in the marshy districts near Bordeaux, where the use of stilts is common, and walked several miles daily upon them. The stilt was buckled round the upper part of the leg by a stout leathern strap, and beneath the strap he wore a pad of leather. It was this pad which had compressed the nerve. On the left

side the pad fitted better, and the nerve had escaped injury.—*University Medical Magazine*.

THE VALUE OF ANTIPYRIN TO THE SURGEON.—Prof. Roswell Park has used with satisfaction a 4-per-cent. solution of antipyrin as an hæmostatic in urethral hæmorrhage. From experiments upon animals he soon learned that a 4- or 5-per-cent. solution in sterilized water could be used anywhere upon the peritoneum, upon the bowel, upon the brain-surface, or anywhere else, invariably exhibiting its styptic properties and causing no symptoms that lead me to regret its use. Thus fortified, he began its general use in aseptic surgery. Now he keeps a standard solution in his clinic, where he always has fifteen or twenty pounds of air-pressure ready to be used for spraying, and small hand-sprays, which, with this air-pressure, are conveniently at hand for any emergency. He has never hesitated to spray a 5-per-cent. solution on an exposed and oozing surface, whether this were on the cortex of the brain, in the nose or mouth, in the peritoneal cavity, upon injured liver or bowel, or anywhere else. It may be injected into a cavity, as in bone; it may be applied on compresses to the oozing surface, or it may be sprayed as mentioned; but no matter how applied, under circumstances indicated within the limits given, it will seldom, if ever, be found to disappoint.

In cases of epistaxis a solution of antipyrin may be sprayed into the nose, with the greatest benefit. It will serve a most admirable purpose after intra-nasal operations, as he has many times convinced himself. In certain operations on the mouth he has had patients occasionally gargle a weak solution, or has inserted tampons saturated with a solution of antipyrin to which a little glycerin has been added. Up to the present he has never known any unpleasant result from its use in any part of the body, in solutions not exceeding 5 per cent., for the purposes stated. Sometimes, in fact, he has used solutions as strong as 10 per cent.

When antipyrin is to be used for any medicinal purpose necessitated by affections of the head,—as, for instance, headache, coryza, etc.,—there is no way by which its effects are so speedily gained, with so little disturbance and so little danger, as by spraying it into the nose. It must be acknowledged that these solutions give rise to some temporary smarting and irritation of the mucous membranes, and his custom is first to spray in a weak solution of cocaine and to follow it in a few minutes with the antipyrin. At other times the two may be combined. For "that stuffy feeling" of which many patients speak, complaining of a catarrhal condition of the upper air-passages, accompanied by a certain amount of discomfort or actual pain in the anterior part of the head, there is nothing in his

experience that begins to afford so speedy relief. The same is true also of certain acute affections of the throat; and the discomfort attending an ordinary attack of pharyngitis, with the soreness radiating into the neck and head, can be more quickly relieved by this spray than by any other measure that he knows of.

WM. R. WARNER'S THERAPEUTIC READY-REFERENCE BOOK FOR PHYSICIANS.—Under this title Wm. R. Warner & Co., of Philadelphia, have issued a neatly-bound little book which contains a great deal of condensed information. A posological table of principal drugs and preparations; tables of incompatibles, of poisons and antidotes, for calculating the duration of pregnancy and the probable time of labor, of digestibility of foods, concerning the period of incubation and the rash in eruptive fevers; directions for making post-mortems, and numerous valuable formulæ are among the contents of the work, which will be mailed by Wm. R. Warner & Co. to any subscriber to the MEDICAL BULLETIN upon the receipt of fifteen cents to cover the expenses of sending, etc.

PHILADELPHIA LABORATORY FOR PATHOLOGY, BACTERIOLOGY, AND DISINFECTION.—The Sanitary Committee of the Board of Health of Philadelphia submitted to the latter body, at its meeting March 19th, a series of rules and regulations that will govern the recently-organized division of Pathology, Bacteriology, and Disinfection, of which Dr. B. Meade Bolton was recently appointed the Chief Bacteriologist, with Dr. Herbert D. Pease and Dr. William I. Gillespie as assistants. The rules which were adopted are as follow:—

There shall be organized a Division of Pathology, Bacteriology, and Disinfection, to be called the "Division of Pathology, Bacteriology, and Disinfection of the Board of Health." There shall also be organized and established, in connection with the above-named division, a laboratory for bacteriological investigation and experimental research on questions pertaining to public health and hygiene. The division of Pathology, Bacteriology, etc., shall be in charge of a chief, who shall be a physician and an expert in bacteriology, and well versed in pathology and the methods of investigation. He shall be called the "Chief of the Division of Pathology, Bacteriology, and Disinfection" and "Director of the Laboratory of Hygiene" of the Board of Health.

He shall have an office in City Hall in connection with the offices of the Board of Health. The laboratory shall be located in City Hall, where the best facilities for conducting the entire experimental work of the division shall be provided.

The Chief shall be held responsible to the

Board of Health for the reliability of the work of his assistants and the proper use and custody of the property connected with the division, and for the active, progressive, and efficient work of the office.

He shall, as soon as appointed, prepare a plan for the establishment of the laboratory, and furnish an outline of the work to be undertaken, and draft rules and regulations for the government of this work, to be submitted for the approval of the Board of Health.

The scope of the work imposed upon this new division shall be extended, so far as practicable, to all questions which affect the public health, relating both to preventive and curative medicine; the latter, so far as it includes the preparation of means for the prevention and curtailment of diseases by such processes as vaccination, the preparation and directions for the use of such material as the antitoxin of diphtheria and sterilized serum of rabies, etc., etc.

There shall be two assistant bacteriologists, one clerk (who shall be a stenographer), one helper, one messenger, and three collectors of culture-tubes.

As soon as practical after the establishment of the laboratory, steps shall be taken to prepare, in ample quantity for the use of the city, the antitoxin of diphtheria after Behring's or Roux's method.

Steps shall also be taken at once for the prompt examination of all specimens of exudate from throats of "suspected" cases of diphtheria and report thereon, the proper announcement being made to physicians of the facilities afforded for making prompt and reliable tests and the means of taking advantage of them.

The Chief of the Division of Pathology, Bacteriology, etc., shall report regularly to the Board of Health upon the work of his division; and as the work more particularly concerns measures for the management and suppression of contagious and infectious diseases, he shall be in close communication with the Sanitary Committee of the Board of Health, and subject to their direction and control.

The laboratory shall be provided with a telephone to facilitate communication.

The Chief shall keep himself in constant communication with the Medical Inspector so as to place at his disposal all information that will be of practical aid in the successful management of the Division of Contagious and Infectious Diseases, especially such information as has a bearing upon the duration of the period of isolation and of quarantine, and the time for disinfection as determined by bacteriological examination.

The Chief shall prepare, for the purpose of making bacteriological diagnosis in suspected cases of diphtheria, the necessary culture-outfits

and printed forms for distribution to stations at convenient points throughout the city. A list of these stations shall be published, at which physicians can obtain the outfits free of cost. The culture-tubes shall be collected once a day, or oftener if deemed advisable by the Chief. When cultures are not made by the attending physician, they should be made by the Assistant Medical Inspector, when no objection is raised by the attending physician. A report in all cases should be made as soon as practicable to the attending physician of the results of the bacteriological test, either by mail or telephone.

Diagnostic tests shall also be made, for physicians who desire it, in all cases of suspected tuberculosis whenever specimens of the expectation are left at the station or sent direct to the laboratory.

The Chief shall prepare printed forms to be filled out by physicians, and to be filled out in reporting to physicians the results of the cultures, and such other forms as may be used in the office.

The Chief shall make requisition upon printed form to the Sanitary Committee for all supplies needed. He shall mark as correct all bills that meet his approval.

The Chief of the Division of Pathology, Bacteriology, etc., shall advise, from time to time, the best means of increasing the efficiency of the work of the disinfecting corps, and shall arrange for a practical course of instruction on "Disinfectants and Their Uses," to be given to the members of the corps.

The work of the Laboratory of Hygiene and of the Chemical Laboratory shall be co-operative in furthering the chief purpose of their organization.

The Laboratory shall be kept open from 9 A.M. to 6 P.M.; and, as the interruption of the work of making diagnostic tests may jeopardize life, provision shall be made for the continuous and uninterrupted prosecution of this special branch of investigation.

The Assistant Bacteriologists shall be under the special supervision of the Chief, and shall be responsible to him for the faithful and efficient performance of the duties assigned him.

The object of the establishment of the Laboratory of Hygiene is not merely the application of knowledge for the benefit of the community. The purpose of its establishment is also the utilization of accumulated data by drawing deductions therefrom, experimental research in the field of etiology of disease, and the study and investigation of all subjects relating to preventive and curative medicine so far as they appropriately come within the scope of such an institution.

OBITUARY.—Dr. Elmore C. Hine, of 1927

Girard Avenue, Philadelphia, Professor of Natural History in Girard College, died on Friday, March 8th, at Atlantic City, from the effects of apoplexy.

Dr. Hine was born in Middleburg, Conn., September 16, 1836. After receiving his degree at Yale College, in 1861, he enlisted and served with distinction as surgeon in General Joseph R. Hawley's Seventh Connecticut Infantry, and remained until the end of the war, when he came to Philadelphia and took up the practice of medicine. In November, 1880, Dr. Hine was invited to the Chair of Natural History at Girard College, which he filled very ably until the time of his death. Mrs. Emma Hine, who survives the doctor, was formerly Miss Johns, of this city.

DEATH OF PROFESSOR REGNAULD.—Prof. Jules Regnaud, of Paris, departed this life on the 9th of February. He was honorary professor of the Faculty of Medicine of Paris, a former president of the Academy of Medicine, member of the Advisory Committee on Hygiene of France, officer of the Legion of Honor, etc. In obedience to his expressed desire no official ceremonies took place at his burial. M. Regnaud graduated in medicine in 1847, and in 1857 was made *professeur agrégé*. In 1859 he was appointed professor of pharmacology in the Faculty of Medicine. He entered the Academy of Medicine in 1861. Professor Regnaud was well known for his studies upon ether, chloroform, the anæsthetics derived from tormene, the mydriatic alkaloids, etc. His most important work was his "Treatise on Pharmacy."

DEATH OF PROF. DUJARDIN-BEAUMETZ.—Georges-Octave Dujardin-Beaumetz, who died recently, was born in Barcelona, Spain, November 27, 1833, of French parents. He studied in Paris and in 1857 became interne of the hospitals. In 1862 he obtained his degree of doctor. In 1865 he was named *chef-de-clinique* of the Faculty. He was decorated a member of the Legion of Honor in 1871.

Dr. Dujardin-Beaumetz had won a world-wide reputation by his numerous publications upon diseases of the nervous system and therapeutics. Some of his principal publications were: "Acute Myelitis," "Experimental Researches on the Alcohols of Fermentation," "Experimental Researches upon the Toxic Power of Alcohols," "Researches upon Chronic Alcoholism," "New Drugs," "Therapeutic Hygiene," "Prophylactic Hygiene," etc. Dr. Dujardin-Beaumetz took an important part in the preparation of the great "Dictionary of Therapeutics, Materia Medica, Toxicology, and Mineral Waters." He was a man of energy, courage, geniality, and amiability.

AN OLD, BUT GOOD STORY.—In one of Thackeray's interesting "Roundabout Papers" ("On Letts's Diary") he writes as follows:—

"As I am in this cheerful mood, I will tell you a fine and touching story of a doctor which I heard lately. About two years since there was, in our or some other city, a famous doctor, into whose consulting-room crowds came daily, so that they might be healed. Now, this doctor had a suspicion that there was something vitally wrong with himself, and he went to consult another famous physician at Dublin, or, it may be, at Edinburgh. And he of Edinburgh punched his comrade's sides; and listened to his heart and lungs; and felt his pulse, I suppose; and looked at his tongue; and when he had done, Doctor London said to Doctor Edinburgh, 'Doctor, how long have I to live?' And Doctor Edinburgh said to Doctor London, 'Doctor, you may last a year.'

"Then Doctor London came home, knowing that what Doctor Edinburgh said was true. And he made up his accounts, with man and heaven, I trust. And he visited his patients as usual. And he went about healing, and cheering, and soothing, and doctoring; and thousands of sick people were benefited by him. And he said not a word to his family at home; but lived amongst them, cheerful and tender, and calm, and loving; though he knew the night was at hand when he should see them and work no more.

"And it was winter-time, and they came and told him that some man at a distance—very sick, but very rich—wanted him; and, though Doctor London knew that he was himself at death's door, he went to the sick man; for he knew the large fee would be good for his children after him. And he died; and his family never knew, until he was gone, that he had been long aware of the inevitable doom."

DR. CORCORAN ON SMALL-POX MANAGEMENT.—In an interesting communication to the *Detroit (Mich.) Journal*, Dr. John P. Corcoran, a prominent physician of that city, states, in reference to the management of small pox, that in an experience of twenty years in the supervision and treatment of that loathsome disease he has never lost a case.

He says, "I recently attended a case lasting four weeks where there were seven persons in the house during all that time, and none of them were stricken with the disease. Why? Well, I saw to it that all were vaccinated immediately, and I used Platt's Chlorides freely (and here let me say that no disinfectant that I am aware of at all equals Platt's Chlorides).

"This I kept all over the house, diluted three-fourths with water, and cloths wrung out of this were hung up in the sick-room and elsewhere, thereby also preventing the noxious odor which always accompanies this disease. Next I saw to it that God's fresh air was freely admitted, night

and day, to the sick-room, and I saved my patient.

"The disease being one that rapidly wastes the patient, supporting measures are of the utmost consequence, and those with good ventilation are pre-requisite; while disinfectants are of great value, particularly the one I have indicated."

HEREDITARY OCULAR SYPHILIS.—Galezowski remarks that the number of congenital ocular affections due to syphilis is great, and arranges them under four distinct groups: 1. Malformations of the protective organs of the eye, of the orbit, and of the lachrymal ducts. These affections are very rare, and their syphilitic origin can be shown by the simultaneous existence of lesions in the choroid and iris. Caries of bone and dental alterations denote the same origin. 2. Paralysis of the motor nerves of the eye, ptosis, nystagmus, etc. These are frequent in very young children, and depend on cerebral causes or are produced in the train of the infectious fevers, of traumatisms, etc. Here, in the absence of very clear symptoms, the cerebro-spinal system must be carefully examined for indications of syphilis. Brissaud teaches that in cerebro-spinal syphilis—a late affection of early infancy—one meets, among other lesions, a monocular ptosis or nystagmus, with diminution of central visual acuity, convergent or divergent strabismus, etc. 3. Arrest of development, micro-ophthalmia, astigmatism, etc. The arrest of development, not infrequently met with in the infant's eye, must be attributed in great measure to hereditary syphilis. In several such cases Galezowski has met with the choroido-retinal changes characteristic of syphilis. He is especially struck with the fact that astigmatism is frequently caused by syphilis. 4. Inflammatory alterations of the external and internal tunics of the eye. That interstitial keratitis is due to syphilis no one doubts. It is often complicated with pigmentary retinitis; and, with reference to congenital pigmentary retinitis, it is not due, as maintained by some, to consanguinity of parents, but is the result of congenital or acquired syphilis. It should always be treated by energetic mercurial inunctions.—*British Medical Journal*.

TIGHT LACING AND GALL-STONES.—According to Dr. Marchand, the relation of tight lacing to the development of gall-stones is rendered very clear by noticing the situation of the gall-ducts in the liver deformed by tight lacing. The furrow caused by lacing runs directly across the right lobe of the liver, as a result of which there is a tendency to atrophy of the gall-bladder. When tight lacing has been practiced to an extreme degree an artificial fissure is formed in the liver, giving rise to what is termed the "lacing-lobe," which carries with it the gall-bladder.

The constricted portion of the liver is found to be just at the point of junction of the gall-bladder with its duct. In these cases, according to the author, it is common to find the gall-bladder greatly distended, extending far beyond the border of the liver, and frequently an examination made post-mortem reveals the presence of gall-stones. Stagnation of the bile is well known to be one of the most important causes of the formation of gall-stones. A change in the composition of the bile, from catarrh resulting from congestion of the mucous membrane and the thickening of the bile due to failure of the gall-bladder to completely evacuate itself, gives rise to the formation of small masses which serve as nuclei for calculi; hence anything which obstructs the free outflow of bile through the cystic duct must favor formation of gall-stones. Marchand is also of the opinion that many cases of cancer of the liver should be attributed to tight lacing. It is only a few years since Langenbuch was obliged to open an abdomen to remove a "lacing-lobe" of the liver which had been so completely separated from the rest of the organ as to cause its death, rendering its removal necessary. In view of such facts as these, it is the duty of every physician to take special pains to warn his patients against the evil effect of this pernicious practice. Few women are conscious of the fact that they are injuring themselves by tight lacing. But physicians generally preach to deaf ears in an audience composed largely of votaries of fashion.—*American Practitioner and News*.

ARGON.—At a recent meeting of the Royal Society, held in the theatre of the University of London, Professor Ramsay read the long-expected paper containing, in some detail, the evidence upon which he and Lord Rayleigh base their discovery of a new element as a constituent of the atmosphere. The theatre was crowded by an audience which received the statement with much warmth. As is already known, the conclusion is based mainly on the observation that atmospheric nitrogen, when sparked with oxygen or passed over heated magnesium, leaves a residue, while nitrogen chemically prepared leaves no residue, or a residue so small as to be within the limit of experimental error. This residue is a gas possessing properties which, as Dr. Armstrong, the President of the Chemical Society, observed in the subsequent discussion, are most remarkable. It is the most inert body known, and, so far as has yet been ascertained, cannot be made to combine with any other body. Lord Rayleigh and Professor Ramsay have for this reason given it the name Argon. It is, they hold most strongly, either an element or a mixture of elements. Its atomic weight is probably 39.6, its density 19.9

(oxygen 16, nitrogen 14). Its freezing-point is -189.6 , that of nitrogen being -214 . Argon freezes into crystals at first transparent, then opaque. Mr. Crookes subsequently described his spectroscopical observations. Argon possesses a double spectrum, in this respect resembling nitrogen and certain other elements. Mr. Crookes expressed a very definite opinion that the spectroscopical appearance was strongly in favor of the view that argon was, in reality, a new element.—*British Medical Journal*.

DR. J. M. BLAINE.—Dr. Blaine, of Denver, Col., Professor of Dermatology in the University of Denver, is meeting with gratifying success in the line of his chosen specialty, both in public and private practice. His clinic, the first of the kind established in Denver, grows steadily.

AN ATYPICAL ALBINO.—Dr. A. J. Balmanno Squire says, in the *Lancet*: "An albino, although a rare, is nevertheless a familiar object, and, moreover, one of very undeviating type. Until the other day, I thought that the type was absolutely without variation. I imagined that a person born with absolutely white hair and pigmentless skin (I am referring to those instances where the whole of the hair-system and the whole of the skin are devoid of pigment) must necessarily have pink eyes and be unable to see clearly in the bright sunlight, or, in other words, must needs be destitute of pigment in the iris and in the choroid; but, as it seems, it is not always so. A young man, aged 18 years, who has just come under my notice, is an albino. The whole of his hair-system is white and the whole of his skin is pigmentless. He has presented this condition from his birth. However, the iris of each of his eyes is not pink, but, on the contrary, a very dark blue, and he can see as well in bright sunlight as he can at any other time. The glare of bright sunlight has never inconvenienced him in any way. In some instances of congenital complete albinism that I have met with, more than one person in the same family has been affected. In one family a girl and two of her brothers were albinos. In this present case, however, there is but one albino in the family. He presents a special condition, apparently in no way dependent on his albinism,—which, however, is worthy of note, because I have met with it in at least one other albino,—and that is a constant, oscillating movement of the eyeballs in the horizontal plane,—that is to say, to and fro,—from left to right and back again. The movement is so notable as to its range and so rapid as to its frequency that it is difficult to understand how he can acquire a clear idea of anything that he looks at; and he confesses that he does find it difficult to read print, but, as to things in general, he believes that he can see

them as well as anybody else. I am not prepared to say whether this condition has or has not presented itself in every case of albinism that I have met with; for I had not taken account of the presence or absence of it (it not having arrested my attention) previously to the last two cases of albinism that I have seen,—namely, this case and its immediate predecessor."

THE QUARTER-CENTURY MEDICAL CLUB, for social, biographical, and historical purposes, has been organized in Detroit, Mich. The qualifications for membership are twenty-five years' practice in Detroit and good standing in the profession. The following officers were elected: President, Peter Klein, M.D.; Vice-President, E. W. Jenks; Treasurer, Hamilton E. Smith; Secretary, J. J. Mulheron.

A STATUE FOR DR. GROSS.—A joint resolution permitting a bronze statue to be erected on public grounds in Washington, in honor of Dr. Samuel D. Gross, and appropriating \$1500 for preparation of the site was reported from the Library Committee in the Senate and passed.

DR. K. A. G. MACKENSIE, of Portland, has been appointed chief surgeon of the Oregon Railway and Navigating Company.

LONGEVITY AND HYGIENE.—This was the subject of a lecture recently delivered by Dr. Lawrence Turnbull, Ph.G., before the Alumni Association of the Philadelphia College of Pharmacy. In the course of his remarks the lecturer said that, unless death is produced by accident or disease, one may reach the age of 90 or even 100 years. Climate, food, dwellings, occupation, and personal hygiene had each an important influence upon longevity. If a man or a woman had bad habits, such as indulging to excess in food or drink, or too close application to business, study, or pleasure, they tended to shorten life, as did also climates intensely hot or cold, insufficient or very poor food, and following certain occupations, such as digging in canals working in tunnels, etc. The duration of life, Dr. Turnbull said, also depended on the healthy construction of the body.

The necessary qualifications for a long life, Dr. Turnbull said, were a good family history, a well-formed frame, neither too tall nor very much under size; muscular, not fat; a good appetite, and an unimpaired digestion.

Those had better chances of longevity who had been born on a farm, or who had been devoted to athletic sports not in excess, or who had been much in the sea in their youth. Another requisite was to be a good sleeper. Dr. Turnbull also said that a moderate indulgence in the use of stimulants or tobacco was practiced by many long-lived persons. A happy disposition, organs of sight and hearing which are perfect, or which

can be made so by artificial means were also conducive to longevity.

MEDICAL SOCIETY OF THE HOSPITALS (PARIS).—The officers for the present year are: President, M. Hayem; Vice-President, M. d'Heilly.

DR. J. N. HALL, associate editor of the *Colorado Climatologist*, has been elected President of the Denver and Arapaho County Medical Association.

REMOVALS.—Dr. C. A. Powers, late Instructor in Surgery in the New York Post-Graduate Medical School, has located in Denver, Col.

Dr. Leonard Freeman, Professor of Surgery in the Cincinnati Woman's Medical College, has resigned and moved to Denver, Col.

TRI-STATE MEDICAL SOCIETY.—At the approaching meeting of this Society, in St. Louis, on April 2d, 3d, and 4th, Dr. Charles A. Oliver, of Philadelphia, co-author of Norris and Oliver's well-known treatise on "Ophthalmology," will hold an Ophthalmic Clinic. Dr. W. W. Keen, Professor of Surgery in Jefferson Medical College, Philadelphia, will hold a Surgical Clinic in the presence of the members of the society. Dr. David Cerna, of Galveston, Texas, formerly connected with the Medical Department of the University of Pennsylvania, now of the University of Texas, will deliver the address on "Recent Advances in Therapeutics."

FATAL METRORRHAGIA IN PURPURA.—Resnikoff observed this condition in a girl, aged 15, with no hereditary history. Diffuse ecchymoses and petechiæ appeared for eighteen months; then bad attacks of epistaxis took place and continued for several months, till the period was first established. Clots were discharged for a week. For three months the epistaxis ceased, and at the end of that time recurred. The second period was seen nine months after the first, and proved fatal. For the first week the show was slight; during the second clots were passed and symptoms of acute anæmia set in. Notwithstanding the application of hæmostatics, the patient died of the hæmorrhage on the nineteenth day.—*Indian Medical Record*.

BOOK REVIEWS.

The Encyclopædia of Face and Form Reading; or, Personal Traits, both Physical and Mental, Revealed by Outward Signs through Practical and Scientific Physiognomy Being a Manual of Instruction in the Knowledge of the Human Physiognomy and Organism. Embracing the Discoveries of Located Character in the Body and Face, as Shown by the Five Natural Di-

visions of the Countenance. By MARY OLMSTED STANTON. With an Outline of Study, Glossary, and Classified Suggestive Questions, and Elaborate Aids to the Study, together with Original Articles upon Vital Subjects by Distinguished Authorities. Second Edition, Revised. Profusely Illustrated. Philadelphia, New York, Chicago: The F. A. Davis Company, 1895.

The second edition of this well-known work appears in one stout, but by no means unwieldy, volume, which is a model of typographic excellence. The author, with the utmost zeal and patience, has elaborated a comprehensive system of interpretation of the human countenance. The lineaments of the face are viewed not merely from the artistic stand-point, nor even from that of inexact scrutiny and perhaps of fancy. The serious aim of the work is to connect form, feature, and expression with the great and vital systems of organic and intellectual life. Such a comprehensive scheme demands immense research in widely-separate fields. Art, history, sociology, anatomy, physiology, and pathology contribute their aid to working out the author's conceptions. The writer constantly strives to teach the correct interpretation of the face, and also to reveal the rational basis of this knowledge. The result is a most interesting book, which is full of important suggestions. The practical bearing of a thorough knowledge of physiognomy is never forgotten. This constitutes, indeed, one of the chief claims of the work. It is physiognomy as a real and efficient guide in the practical affairs of life, and not merely as a matter of personal accomplishment or meditative pleasure, that our author seeks to present to the reader. In several chapters the writer proposes to herself the task of tracing the relationships between the functional activity of the bodily organs and the structure and expression of the features. Nor, broadly understood, is the face alone the exponent of character and ability, but the form or figure of the body at large has also its associations with the phases and stages of intellectual development. In this work all the features are separately analyzed and their significations expounded in accordance with the system inaugurated by the author. The value of the text is greatly enhanced by the special articles contributed by writers of authority representing various fields of activity, and which draw attention to the many ways in which a knowledge of face and form reading may be of benefit to the individual and to society. The list of questions and references added to the special articles will be found of material assistance to the student. Altogether, an immense field of thought and knowledge has, in this work, been most thoroughly covered.

Suggestive Therapeutics in Psychopathia Sexualis, with Especial Reference to Contrary Sexual Instinct. By DR. A. VON SCHRENCK-NOTZING (Munich, Germany). Authorized Translation from the German by CHARLES GILBERT CHADDOCK, M.D., Professor of Diseases of the Nervous System, Marion-Sims College of Medicine, St. Louis; Member of the American Medico-Psychological Association; Attending Neurologist to the Rebekah Hospital, St. Louis, Mo., etc. One volume, royal octavo, 325 pages. Extra cloth, \$2.50, net; sheep, \$3.50, net. Sold only by subscription to the medical profession exclusively. Philadelphia: The F. A. Davis Company, publishers, 1914 and 1916 Cherry Street.

This work deals with a subject which, until of late years, was misunderstood, condemned, or ignored. Its importance has, however, been amply demonstrated, not only by the labors of certain medical specialists, but also from the periodical irruption of sexual perverts into the domain of crime and consequent investigation by courts of judicature. How widespread this element of strange perversion of a natural instinct is can only be learned by a comparison of the writings of those authors who have possessed unusual opportunities for its study. A repulsive subject to persons of healthy instincts, it is, nevertheless, one which needs to be comprehended by reason of its relation to mental decadence, to human misery, and crime. This gloomy picture is not only of the present, but can be dimly discerned in the history of all ages and civilizations from the abominations of Sodom and Gomorrah to the present time. Another demand upon the medical profession for its study lies in that most serious question regarding individual and moral responsibility for sexual crime. The question is one not easily to be solved or lightly treated. The work before us has an additional interest in dealing with the therapeutical application of hypnotism, or suggestion, to sexual psychopathy.

Twentieth Annual Report of the State Board of Health of the State of Michigan for the Fiscal Year ending June 30 1892. Lansing: Robert Smith & Co., 1894.

The State Board of Health of Michigan is one of the most active of these valuable societies, and the record of its official work for each year amply deserves admission to a library of reference. In the volume before us, besides the usual routine matter, we find the record of conventions and special meetings of the Board, papers on the means of restricting dangerous diseases in large cities, reports on communicable diseases in Michigan in 1891, tyrotoxicon poisoning in the same State during the same year, and other

papers. The indefatigable Secretary of the Board, Dr. Henry B. Baker, contributes an interesting paper on the Michigan plan for the restriction and prevention of the dangerous communicable diseases.

Eighth Annual Report of the Managers of the St. Lawrence State Hospital for the Year 1894. Transmitted to the Legislature, January, 1895. Albany: James B. Lyon, State Printer, 1895.

In addition to a mass of official matter, description of buildings, etc., the second half of this document contains some interesting clinical and pathological papers by the physicians connected with the institution. These articles are excellently illustrated. The methods employed in the laboratory are carefully described by Dr. Robert G. Cook. Interesting papers are on "The Blood in the Insane," by James Burton, M.D., Medical Interne; and a record of "One Hundred Autopsies," by Thomas Conant Sawyer, M.D., Medical Interne.

Fourth Annual Report of the State Board of Taxation of the State of New Jersey for the Year 1894. Trenton, N. J.: MacCrellish and Quigley, State Printers, 1895.

Physicians, as all good citizens, must bear their part in contributing to the financial support of the State. The principles upon which property is appraised and assessed should be as well understood by men of the medical profession as by those in other walks of life. The methods in vogue in our neighboring State are set forth thoroughly in this little volume.

A Practical Theory and Treatment of Pulmonary Tuberculosis. By FRANK S. PARSONS, M.D., Editor of the Times and Register. Published by the Medical Publishing Company. Philadelphia, Pa., 1895.

In this essay the author, while not denying the influence of Koch's bacillus, lays stress more particularly upon those conditions of the system which create a fitting soil for the growth of the micro-organism. He looks upon tuberculosis, in fact, not as a disease, but a symptom of lymphatic disturbance or stasis. For Dr. Parsons tuberculosis and scrofula are undeniably identical. Lymphatic stasis favors the development of the bacillus tuberculosis. The writer conjectures that most cases of tuberculosis are accompanied by atrophy of the pancreas, since consumptives, or those who have a tendency to consumption, dislike fatty food. In the matter of treatment the writer justly insists that each case must be studied by itself as regards temperament, environment, and other circumstances. Medicinal and hygienic methods are then briefly sketched in this interesting and practical brochure.

CURRENT MEDICAL LITERATURE.

The Technique of Vaginal Hysterectomy. By George M. Edebohls, A.M., M.D., Gynecologist to St. Francis Hospital, New York, etc.

The Ratio that Alimentation should Bear to Oxygenation in Disease of the Lungs. By Boardman Reed, M.D., Atlantic City, N. J.

The Comparative Rarity of Pulmonary Tuberculosis in the Highlands of Pennsylvania and the Adjacent Counties of New York. By Guy Hinsdale, A.M., M.D., Lecturer on Climatology in the University of Pennsylvania; Fellow of the College of Physicians of Philadelphia.

Three Cases of Uterus Bicornis Septus; with Report of Operations Performed upon them. By George M. Edebohls, A.M., M.D., Professor of Diseases of Women at the New York Post-Graduate Medical School and Hospital; Gynecologist to St. Francis Hospital, New York.

Notes on Movable Kidney and Nephrorrhaphy. By George M. Edebohls, A.M., M.D., Gynecologist to St. Francis Hospital, New York, etc.

Benefits of Bacteriological Investigation. A Lecture, delivered before the Quarante Club, by Dr. Joseph Holt, New Orleans, December 15, 1894.

One of the Causes of Aneroticism in Women. By Eugene P. Bernardy, M.D.

"Stammering of the Urinary Organs" (Paget). By J. Henry C. Simes, M.D., Philadelphia.

The Contagiousness and Control of Leprosy. By James C. White, M.D., Professor of Dermatology in Harvard University.

Cases of Pityriasis Rubra Pilaris (Besnier); Erythème Induré des Scrofuleux; Lymphangioma Circumscriptum; Multiple Benign Cystic Epithelioma; Angioma Serpiginosum (Crocker). By James C. White, M.D., Boston, Professor of Dermatology in Harvard University.

"Physician, Heal Thyself." By Charles H. Merz, A.M., M.D., Sandusky, Ohio.

A Possible Source of Contagion. By Charles H. Merz, A.M., M.D., Sandusky, Ohio.

Proceedings and Addresses of the Second Annual Conference of the Health Officers in Michigan, held at the State Laboratory of Hygiene, State University, Ann Arbor, Mich., June 14 and 15, 1894, under the auspices of the State Board of Health.

The Effect of the Local Application of Guaiacol in the Reduction of the Temperature in Typhoid Fever. By H. G. McCormick, M.D., Williamsport, Pa.

COMMERCIAL NEWS.

THE BALTIMORE MEETING.

The 1895 meeting of the American Medical Association will be held in Baltimore, May 10th and 11th. All members who reside on the main line or branches of the Baltimore and Ohio Railroad may consider themselves particularly fortunate, as this great corporation has been more liberal in its dealings with the medical profession in the past than any of the other leading companies of the country; hence, now that the opportunity is offered, every one should throw his influence in favor of this magnificently-equipped line, no matter what section of the country he starts from.

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COLUMBIA CHEMICAL COMPANY,
Washington, D. C.

Under date of May 15, 1894, I reported the case of a lady, aged 26, who had never menstruated only at rare intervals, and then only a slightly-colored fluid, and at the time she came under my observation there had been no flow for five months.

I inquired into her history and found that her health had always been delicate, yet she never considered herself an invalid.

I made a thorough physical examination of her case with the view of treating her for sterility. The following objective points were noted:—

General appearance, anæmic; there was a look of childish innocence in her face, yet blended with an intelligence of a high order; the muscular system lacked firmness and rotundity; the uterus was infantile, and the ovaries could not be made out by digital or bimanual palpation. The vaginal stricture indicated loss of muscular integrity. Specula exploration showed an unnatural paleness, and the sound passed the internal os without difficulty. On these grounds I concluded that the sterility and amenorrhœa were due to defective nutrition of the womb and ovaries; in fact, a general want of blood-supply throughout the pelvic organs. Acting on this opinion, I placed her on Ovarine (Hammond's) in m. v

doses once per day, and in three weeks the menses were established. The result in this case has been, as it has proven in nearly all cases in which I have used the extracts, highly pleasing; but in this particular case I will say that the patient referred to is now in the seventh month of pregnancy and nothing unusual has attended her progress so far.

I have just commenced the use of Cerebrine and Medulline alternately (two doses per day), in a case in which there are ataxic symptoms present, with an occasional attack of an epileptic form, convulsions, traceable to an overheat twenty years ago.

Respectfully,

E. HOUSTON, M.D.

STANBERRY, Mo., March 8, 1895.

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No. 0, yellow label, 200 antitoxin units,	\$.60
No. 1, green label, 600 antitoxin units,	1.50
No. 2, white label, 1000 antitoxin units,	2.75
No. 3, red label, 1500 antitoxin units,	3.75

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CHRONIC RHINITIS.

In the remedial treatment, the following has proven of service, used with the atomizer twice or thrice daily. If used as a douche, dilute with two or three parts water. Note: The iodine is decolorized in preparation, a clear solution of light-amber color resulting:—

℞ Sodii boras,	. . .	3ss.
Sodii bicarb.,	. . .	3j.
Aquæ puræ,	. . .	3ij.
Dissolve and add		
Acid. carbol.,	. . .	gr. xv.
Tr. iod.,	. . .	3ij.
Listerine,	. . . q. s. ft.	3vj.—M.

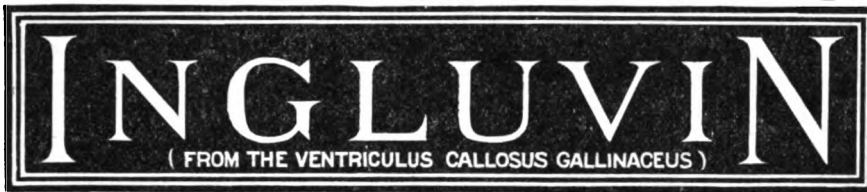
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KOLA is not a new drug, and the reputation it bears in Africa as a tonic stimulant is certainly marvelous. The wonderful reports of Kola in that country, however, are based upon experience in using the fresh (undried) nuts,

(Continued on advertising page 18.)

Superior to Pepsin of the Hog.



A Powder:—Prescribed in the same manner, doses and combinations as Pepsin.

**A most potent and reliable remedy for the cure of
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It is superior to the Pepsin preparations, since it acts with more
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"The results which I have obtained in my dispensary for sick children, together with my private cases, have been extremely satisfactory. In fact, I have treated various cases of dyspepsia in which the patients, fully prostrated and without power to digest their food, have—thanks to the use of Ingluvin—been rapidly cured.

"In the case of 'apepsia,' or loss of appetite, in children, accompanied with diarrhoea, I have obtained good results from the use of Ingluvin, which therapeutic agent is extracted by the house of Warner & Co. from the stomach of the chicken.

"I have also found Ingluvin useful in the organic complaints of the stomach, and in the indomitable vomiting and painful dyspepsia to which women are subject during pregnancy. I have employed the agent, moreover, in the convalescent state of many patients, when I have not only noted the alteration of the gastric secretions, but of the extreme instability of the stomach.

"I have not the least doubt that the Ingluvin, of which you have the sale in Spain, will, in a short time, become a substitute for pepsin on account of its being more active than the latter; but, as is only logical, you should obtain a rapid result by bringing this preparation to be known in all Spain by the opportune measures you usually adopt.

"Hoping you will have the justice to manifest to the manufacturer the results I have obtained with Ingluvin, I am, &c.
DR. F. VIDAL SOLARES, Barcelona, Spain.

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Carikola Tablets combine the Tonic, Stimulating, and Starch-converting properties of fresh Kola, in concentrated form, with the digestive power of Papoid.

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and until physicians are enabled to obtain a preparation which is made from the fresh nuts, and contains the particular properties of the fresh nuts unimpaired, Kola will not be as favorably known in the United States as its native reputation would warrant. Messrs. F. Stearns & Co., Detroit, Mich., were the first to recognize the significance of this fact, and many months ago imported a large quantity of the fresh nuts from Africa, with which they have carefully experimented until they have at last prepared a Wine of Kola which truly presents the fresh (undried) Kola-nuts in a palatable and easily-administered form. This preparation is "Kolavin." It is delicious in taste, and each tablespoonful dose represents 30 grains of fresh (undried) Kola.

"Kolavin" is highly recommended in the treatment of nervous exhaustion, nervous dyspepsia, melancholia, various diseases of the heart, asthma, sick-headache, seasickness, and chronic alcoholism.

Physicians desirous of testing this new product can easily obtain samples and literature upon application.

CELERINA.

We have long been acquainted with the reputation of this fine pharmaceutical preparation. Celerina is a nerve tonic, stimulant, and antispasmodic. It is prepared from celery, coca, kola, viburnum, and aromatics, and is specially indicated in a loss of nerve-power, nervous headache, neuralgia, brain-fag, neurasthenia, alcoholic excess, inebriety, drunkenness, opium-habit, paralysis, dysmenorrhœa, hysteria, sexual incapacity, spermatorrhœa, impotency, and, in fact, in all languid and debilitated conditions of the system arising from excessive expenditure, or abuse, of the sexual functions or overindulgence in alcohol, and confirmed drunkenness. So far as our experience goes in the use of Celerina, we have found it an excellent and efficient nerve-tonic, acting especially upon the organs of generation, giving tone to the nervous system and continence to the sexual organs without the slightest irritation or increased excitement. In these cases Celerina is a remedy of marked therapeutic and curative value.—*Practitioner*, London, Eng.

ENURESIS NOCTURNA.

Dr. F. Clark, of Boston, Mass., writing, says: "I have used Sanmetto, with good results, in bladder, kidney, and urinary troubles. I had a man come to me from Philadelphia, Penn., who had been troubled, from an infant up to the age of 24 years, with nocturnal

incontinence of urine,—wetting the bed almost every night. I used three bottles of Sanmetto on him, and found it made a thorough cure. He can go to bed at 8 o'clock and sleep until 8 the next morning without urinating. I recommend, with all honesty, to the suffering and to the profession the great cure—Sanmetto."

I HAVE for a number of years been subject to periodical attacks of hepatic congestion, and, after going the usual rounds without much benefit, I determined to try Peacock's Chionia. I am free to say that the results obtained from the use of two bottles were eminently satisfactory. Prior to its use my urine was very light colored, and it was gratifying to see it return so promptly to its normal condition. The sclerotic change was also very perceptible. Peacock's Chionia is a frequent ingredient of my prescriptions. I have had remarkable results from its use.

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It possesses all the qualities which have led to the universal adoption of wool-fats by dermatologists as a basis, and its very moderate price and the extreme facility with which it can be worked, make it of the greatest practical interest to the pharmaceutical profession.

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Packer'sPURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.MADE OF VEGETABLE OILS,
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Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc. ; for cleansing ulcers, foul wounds, fetid discharges, bedsores, and similar conditions. Superior to grease or oils for making gynæcological examinations ; they are uncleanly and often loaded with germs of disease ; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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It reduces temperature and relieves pain, without subsequent ill effects.
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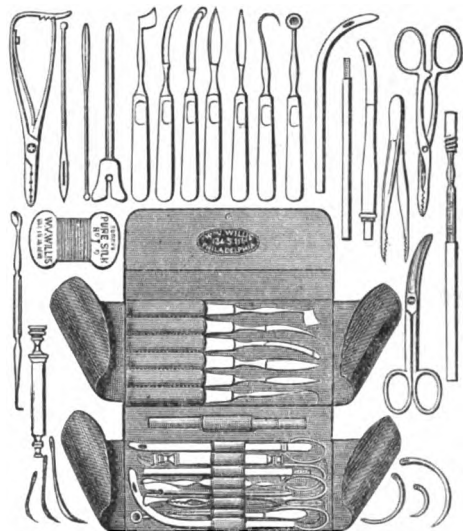
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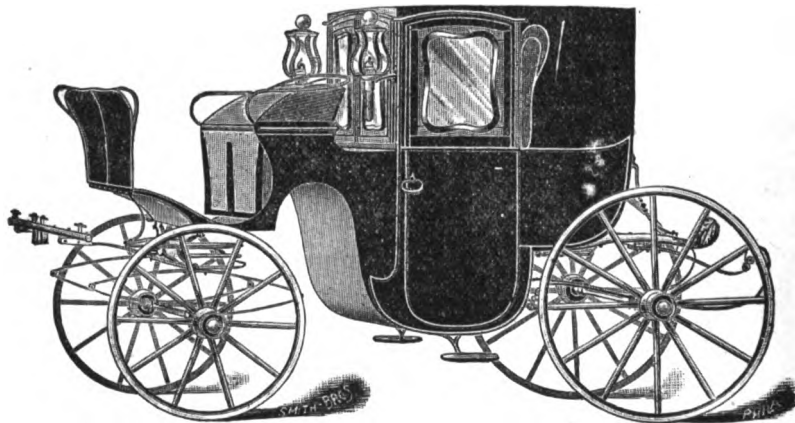
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No. 5

ADDRESSES.

*THE PROFESSIONAL NURSE.**

By WILLIAM S. PRICE, Esq.

MR. PRESIDENT AND LADY GRADUATES:—

THE graduation of a class in any profession that is to furnish the basis of a life-work is always an important and interesting occasion. We know it as a spring-time of ambitions and high resolves for the future, which, cherished, are wise and profitable and a perennial fountain of strength to those who are destined to elbow through the avenues of competition to success and reward.

Passing from a general to the more special matter which engages our attention this evening, I may say that the present is an interesting period in your lives. You are about to go forth from the instruction and discipline of the College and Hospital to exercise upon a broader field the duties and responsibilities of the profession you have chosen. You came seeking the education and knowledge necessary to prepare you for it, and it has been your good fortune to obtain them from a faculty so competent to direct, assist, and equip you for a successful career. Now you are to go forth alone and self-relying to encounter multiplied duties and added responsibilities, in which the measure of proficiency which you have acquired from instruction and experience here will be tested and made apparent. Society will open her bosom to welcome you, and the range of your influence will be indefinitely extended.

* Delivered to the graduating class at the annual commencement of the School for Nurses of the Medico-Chirurgical Hospital, April 9, 1895.

The comparatively recent origin of your profession excuses me from presenting anything in the form of statistics, other than to say that a course of training at the hospital connected with the Woman's College in this city was in progress in 1873. It is true that this was practical training without lectures, and a class of five nurses graduated there in 1875. As the means of the College were increased, lectures and other opportunities were added.

Then followed the advent of the Misses Fischer and Horner from England, in 1884, who established the course of training for nurses at the Philadelphia Hospital, Blockley, with the eminent success of which you are doubtless familiar.

The history of the movement of which you are exemplars appears to follow the scientific law of evolution, which governs most modern reforms. The evolution of the professional nurse from "Sairey Gamp"—of whom Dickens has given such a vivid portrayal in "Martin Chuzzlewit"—to the educated, trained, and graduated nurse of the present day is strikingly apparent. The doctrine of heredity gains nothing from it; but on that very account may we not attribute to environment a larger share of credit?

One of the mile stones marking the course of this progress may be found in the history of Sister Dora, whose experiences and sacrifices for suffering humanity have filled a volume and caused to be erected on English soil an enduring monument to her memory.

The period of graduation in any profession is not to be mistaken for the end of necessary attainment in it, and that of the professional nurse will not furnish an exception to the rule. It is true that the diploma is a letter of intro-

duction, and a recommendation also. Yet the exigencies of the times demand progress, and the prevailing requirement of the day is: "Show us what you can do." To meet this you will find it indispensable that diligent use and application be made of all those things in which you have been instructed. This is not only due to yourselves, but also to the Faculty that have graduated you. Their interest in your career does not end to-night. To you would the Faculty point in the future with the pride of a Cordelia and say, "These are our jewels."

Strive on, therefore, toward excellence in your chosen calling. Remember that a successful career depends upon a realization of your individual responsibilities. Each one of you is a unit in an aggregate number which constitutes the profession, and by striving for what is perfectly good you become part of the divine power against evil. In such a mission as this even failure after long perseverance, if it were possible, would be much grander than never to have striven well enough to be called a failure.

The professional nurse is not received into a family as a stranger. That mysterious principle or influence which we speak of as magnetism, with its wonderful effect upon the senses and mental faculties, is called into action upon her approach, and she is welcomed as a friendly bearer of comfort and healing.

Brief as is the history of your profession, it is already one of the recognized needs of society. The physician needs your aid, and at times relies almost as much upon the careful observation and noting of the changing symptoms of disease, by the intelligent and experienced nurse, as he does upon the last prescription he bade her administer with regularity in his absence.

The patient needs you, and the more critical his case the more he realizes the need of your tireless patience and watchfulness, your hopeful and cheering disposition, your foresight and skill. And how we all bend before the devotion of the faithful nurse to her patient, and confess in gratitude that hers is indeed a grand mission to suffering humanity!

To reach eminence in so grand a mission corresponding qualities must be cultivated. We may reasonably expect to find

"The reason firm, the temperate will,
Endurance, foresight, strength, and skill."

And, with these qualities, a cheerful and kindly disposition.

It is said of two Japanese nurses, who recently graduated in Chicago, that they were so unselfish and so thoughtful of detail that, no matter how tired or worried, they were always happy. And one of them, being asked how she always managed to be so happy, said that the children in Japan were taught that, no matter what happened, they should always appear cheerful, and not make others wretched.

The natural tenderness and sympathy of woman render her specially adapted to this sacred vocation. The oft-quoted lines of Sir Walter Scott—

"Oh woman! in our hours of ease,
Uncertain, coy, and hard to please,
When pain and anguish wring the brow,
A ministering angel thou!"—

are singularly appropriate to the calling which enables each one of you to be a ministering angel, indeed, to the suffering fellow-beings who come under your healing care, and reposes in you the power to save lives and soothe many a death.

Go forth, therefore, and do with courage and earnestness, resolved to give your best self for the benefit of those for whom you labor, that you may experience the reward of a well-spent life, and finally the greeting, "Well done thou good and faithful servant."

ECTOPIC PREGNANCY.*

By AUGUSTIN H. GOELET, M.D.,
NEW YORK.

MR. PRESIDENT AND GENTLEMEN:—

IN deciding upon the course to be pursued when the diagnosis of ectopic gestation has been made, there are three points which must be considered. First, whether the tube is still intact or unruptured, and the stage of the pregnancy; second, if rupture has occurred, whether it is between the folds of the broad ligament or extra-peritoneal; third, whether it is intra-peritoneal.

Operative interference should never be withheld in the presence of rational indications for its necessity, but it is manifestly incorrect for the advocates of primary coeliotomy to contend that the existence of tubal pregnancy is an

* Remarks made by invitation before the King's County Medical Association, Brooklyn, in the discussion of Dr. L. Grant Baldwin's paper on "Ectopic Pregnancy," April 9, 1895.

indication for immediate operation, and that rupture is always imminent. It is true that rupture has occurred as early as the fourth or fifth week, but according to Winckle, whose experience has been exceptionally large, it occurs most frequently between the third and fourth months. According to Tait, also, it occurs more frequently from the twelfth to the thirteenth week.

When rupture with hæmorrhage occurs between the folds of the broad ligament, immediate operative interference is not demanded or indicated, as it is comparatively harmless and may be left to nature; or absorption may be promoted by the use of electricity if the growth of the foetus has been arrested at a sufficiently early period. Even Tait insists upon the comparative harmlessness of hæmorrhage in this location following rupture. If suppuration occur later, the whole mass can be more satisfactorily evacuated through the vagina than by coeliotomy. It is more easily reached by this route, and the operation involves less shock and risk to the patient.

Even where intra-peritoneal rupture occurs the records of coeliotomy show that hæmorrhage is often found to be moderate in amount, and not in itself sufficient to furnish occasion for immediate surgical interference (Lusk, in "Clinical Gynæcology," page 752).

The patient should be closely watched, and if the hæmorrhage is uncontrollable coeliotomy should, of course, be resorted to at once, and without delay. If, however, as is often the case, it is limited in amount, it may be let alone; and if the patient be kept absolutely quiet the clot will be surrounded by lymph as a result of the inflammatory action which supervenes, and it is eventually shut off from the general peritoneal cavity. Subsequently, if operative interference become necessary, the vaginal route will be safer and more satisfactory than opening the abdomen. It is safer to evacuate the clot at a later period than to do so immediately, because by waiting the ruptured blood-vessels are allowed to close, and we would no longer have hæmorrhage to contend with. It has, no doubt, been the experience of many of you, that these cases have been conducted to a successful termination in this manner. In this connection, a case which I reported in the Medical Record about 1880 will be interesting, as showing that a favorable termination may result in removal by this route, even when

suppuration has occurred. A patient came under my observation, who was supposed to be suffering from an hæmatocele of considerable size. For some unknown reason suppuration occurred, and it was evacuated through the vagina, and the diagnosis was made clear. It proved to be an ectopic gestation, the four months' foetus being removed in a state of decomposition. Drainage was maintained through the vagina, and the patient made a good recovery, remained in excellent health, and bore several children afterward.

I am strongly opposed to operative interference for all cases of pelvic hæmorrhage,—that is, coeliotomy for these conditions,—though this course has some strong advocates who believe that it is nearly always due to ruptured tubal pregnancy. The folly of such a course, which, it must be admitted, submitted the patient to needless risk, is frequently illustrated. In this connection I recall a case upon which I operated ten or eleven years ago, which was reported in the Annals of Gynæcology. A diagnosis of fibrocystic tumor was made and confirmed by the late Dr. C. C. Lee; the patient coming to me from a distant part of this State, and giving an imperfect and unsatisfactory history. The operation revealed a mistake in the diagnosis, the tumor proving to be a very large hæmatoma, which projected high up into the peritoneal cavity. The case terminated favorably after evacuation through the abdomen and drainage through the vagina, but the operation would not have been performed if a correct diagnosis could have been made previously, and a favorable termination would have been reached earlier and more satisfactorily than by interference surgically. In this case there was no evidence whatever that the hæmorrhage had been due to ruptured tubal pregnancy.

In considering the question of dealing with tubal pregnancy before rupture occurs the question which suggests itself is: Why submit the patient to a needless and dangerous operation when a safer and more rational course is open to us? It is urged that the necessity for operative interference in this stage is the danger attending rupture. The death of the foetus, which can certainly be accomplished by electricity, removes this danger. Besides, it has been shown that the danger following rupture has been exaggerated, that extra-peritoneal rupture is comparatively harmless,

and that the hæmorrhage following intra-peritoneal rupture is often moderate in amount and not in itself sufficient to demand surgical interference. Of course, you understand that I would not advocate withholding immediate operation where the hæmorrhage is serious and uncontrollable.

It has been urged against electricity that its use may produce rupture; but this is manifestly unwarranted, since it has never occurred in any of the larger number of cases where it has been employed. Likewise the objection that the dead foetus may become a source of danger to the mother can be disregarded in the face of abundant evidence to the contrary. Theoretical objections of this nature will hardly weigh against statistical evidence. The truth must be admitted. No deaths have occurred which could be attributed to the uses of electricity in ectopic gestation, and no evil results have followed. On the contrary, the health of the patients has been good for periods varying from one to eight years afterward. The fatal cases reported—four in number—have been shown to be due to other causes, and in no way attributable to electricity.

On the other hand, the advocates of primary coeliotomy must admit that there is a mortality following this operation, even with expert operators, to say nothing of the risk of the occurrence of ventral hernia and the disfigurement of the abdominal scar, both of which are now being urged as advantages of vaginal hysterectomy as opposed to abdominal hysterectomy.

Upon the evidence presented, therefore, the use of electricity, in unruptured tubal pregnancy prior to three or three and a half months, is the most rational proceeding which we can adopt. In cases also where the diagnosis of tubal pregnancy is doubtful, electricity should also be used in preference to pursuing a waiting policy to have the diagnosis cleared up, since there is no condition likely to be mistaken for it which could in the least be unfavorably influenced by its use.

GOULD'S DICTIONARY.—In an editorial review of advances made in medicine and surgery the Medical and Surgical Reporter pronounces that among recent publications Dr. Gould's new medical dictionary deserves special mention for marked excellence, general utility, and wide application.

ORIGINAL COMMUNICATIONS.

RUPTURE OF THE PLANTARIS MUSCLE.

By JOHN V. SHOEMAKER, A.M., M.D.,
PHILADELPHIA.

AMONG the precepts of some ancient writer, treating of matters which pertain to the personality and conduct of the physician, one declares that the medical man should himself be healthy and of good physique, so that his mere appearance should lend comfort and encouragement to the sick. Another and an opposite saying has also been handed down to us from antiquity, to the effect that it is well for the physician himself to experience some of those ills which he seeks to relieve in his patients. There is truth in both observations, and in some form or other, at some time or other, the physician himself must experience symptoms due to accident or disease. A peculiar personal as well as purely professional interest, therefore, will, to every practitioner, surround certain maladies.

Such an interest the subject of rupture of muscular tissue possesses for the writer. On August 4, 1894, I was walking along one of the large and crowded London thoroughfares in the neighborhood of Charing Cross. At a certain point I wished to cross the street. The roadway was, as usual, crowded with vehicles of every description. Among these it was necessary to thread the way with the greatest care, watching, dodging, and now and then running. In this way I had gained the middle of the street. Suddenly I felt a severe pain near the middle of the calf of the right leg. So sudden, in fact, was the seizure, that my first thought was that I had been struck by the hoof of some passing horse, or by a stone or other missile. With the greatest difficulty I managed to limp to the opposite side, where I halted and looked around, endeavoring to account for my injury. For a moment I thought that perhaps the neighboring crossing-sweeper had maliciously hit me with a stone. A glance, however, was enough to assure me that this supposition was incorrect. By this time I was conscious of a terrible feeling of sickness. This sensation, fortunately, was of brief duration. I hurriedly felt my limb in order to learn whether I had possibly broken the fibula, but found no sign of that accident. My trouser-leg was not torn, damaged, nor soiled,

as would, in all probability, have been the case had the manifestation been due to external injury. Nevertheless, so strongly impressed was I with the idea that I had received a blow that I immediately took a hansom and repaired to my hotel. There I immediately examined my leg, but, beyond a general soreness and acute pain in the acts of flexion and extension, could find no evidence of injury. There was no ecchymosis or other visible alteration upon the surface. I thought, however, that I must either have ruptured the plantaris or broken the fibula. Inclined to the latter idea, I left my hotel and drove about for a couple of hours in search of a surgeon. It was at a time of day when most were away from home upon their rounds, but, at last, I fortunately happened to find Mr. Pierce Gould, who, after a thorough examination, decided that the plantaris had been ruptured. Mr. Gould supported and set the parts at rest by applying adhesive strips from the dorsum of the foot and ankle to the middle of the calf, and over the plaster he made further gentle pressure by means of a bandage. By this time some swelling had occurred. The surgeon sent me to the hotel with the injunction to remain quietly in my room, and to keep the affected limb extended upon a chair for a few days. His directions were implicitly obeyed. On the second day after the injury, upon removal of the dressings, there was seen considerable ecchymosis around the ankle, extending up the calf, particularly upon the inner side of the limb between the tendo Achillis and the border of the bone. It was restraped and rebandaged, but there was so much swelling and pain from the new dressings that two hours later I was forced to remove the applications, finding them insupportable. Mr. Gould visited me at intervals of two or three days; I remained in the house for six or seven days, when I began to walk about with difficulty, assisted by a cane. At the end of four weeks I had no pain unless I leaned my full weight upon the injured limb. A certain degree of weakness remained in the limb for a considerable period.

A similar case came under my observation a number of years ago, in the person of the late Dr. L. K. Baldwin, of this city. We were both members of a party making a pleasure-tour among the mountains. I was obliged to return home before the end of the journey, and the next day I was surprised to see Dr. Bald-

win limp into my office. He informed me that after I had left he and his companions had fallen in with a party of picnickers. The travelers were made welcome by the latter, and, in the general hilarity, the doctor, responding to the suggestion of his friends, led out one of the country girls to dance. He danced away merrily until suddenly a sharp pain darted through the right calf, and his Terpsichorean amusement came to an abrupt termination. He thought that he had been kicked or that a stone had struck his leg, and looked around him in search of some offender, but none was to be found. This accident brought the doctor's journey to an end. When I saw him, about twenty-four hours after the accident, there was some swelling and ecchymosis. I made a diagnosis of rupture of the plantaris muscle, and treated him according to the same method which was followed in my own case. In the course of four or five weeks a complete cure was obtained, and the functions of the limb were restored.

Many years ago,—not long after my graduation, in fact,—when associated with the practice of the late Prof. Joseph Pancoast, I had the opportunity of observing a case of this accident. A gentleman came limping into the office one day, supporting his weight on his toes, and complained that while walking upon Chestnut Street he had either been violently hit upon the calf or had been injured by some projectile. It was in winter, and upon a careful investigation it was found that the patient had slipped upon the ice, and in his vigorous efforts to save himself from falling had ruptured the fibres of the plantaris muscle. This was the diagnosis of Professor Pancoast. He was, at that time, as it happened, lecturing before his classes on the anatomy of the lower limb, and I remember well how, with the muscle in its normal relations exposed before him, the professor took occasion to demonstrate how the lesion may occur from violent muscular efforts,—as in running, jumping, dancing, slipping,—and described the swelling, ecchymosis, and the subjective sensation of having been struck.

Rupture of muscular fibre is not a common traumatism, and, in fact, the lesion described under that name is in many instances a rupture of fibrous tissue constituting tendon, aponeurosis, or sheath. Several of the symptoms indicative of this accident are well illustrated in the cases of which I have given histories.

In healthy individuals rupture may occur in consequence of sudden and extreme contraction, or of external violence. In addition to the causes already mentioned it may happen from the efforts to save one's self from falling, especially if the individual is, at the same time, supporting a weight. The injury may result during a fall from a considerable height, during which desperate efforts are made to escape injury. The raising of excessive weights has also been known to cause rupture of a muscle. Severe external injury may occasion a separation of muscular fibres. A tremendous blow or being run over by a vehicle may produce this lesion. Sudden and violent muscular exertion following a period of prolonged inactivity is regarded as predisposing to the event. The excessive action which takes place in convulsive disorders—as hysteria, epilepsy, and tetanus—will occasionally cause a solution of continuity in muscular tissue.

The muscles most frequently involved are those which such movements as I have indicated necessarily call into action. In the trunk the muscles of the back, the rectus abdominis, pectoralis major, and deltoid are those usually affected. The psoas is also sometimes the seat of injury. The lower limbs usually suffer in the quadriceps extensor, the adductors, the plantaris, and gastrocnemius. Of the upper extremity the biceps is most often attacked.

Rupture of muscle is much more liable to occur in strong and active than in weakly individuals. For this reason and because their mode of life under ordinary circumstances exposes them less to accident, women are less often its subjects than men. In the excessive efforts of parturition, however, women are apt to rupture some of the abdominal muscles, notably the recti. Certain classes of laborers, as porters and others, are particularly liable to rupture of some of the cervico-dorsal muscles. Cavalrymen and others who pass a great deal of time in the saddle are frequent subjects of the same affection, the muscles usually involved being those of the abdomen and thighs.

My own case followed the general rule of being situated upon the right side. There is not, perhaps, as much disparity of development between the two sides in the lower as in the upper limbs. In the act of walking both extremities participate equally, but in other exercises the muscles of the right leg may be more strengthened than those of the left. At

all events, the clinical fact has been observed that this accident is of more frequent occurrence upon the right side.

The symptoms and signs of rupture of a muscle vary somewhat according to the extent of the lesion and the situation of the muscle. In the vast majority of cases the first indication of the accident is a sharp pain, which in many instances conveys the impression of a sharp blow. This symptom was marked in the three cases which I have just described. In rupture of the plantaris it is so distinctive, in fact, as almost to deserve the name of pathognomonic. This sensation has, among the French, given origin to the common designation of the lesion which forms the heading of this paper. "Coup de fouet," or lash of a whip, expresses the sudden and stinging pain which accompanies the parting of muscular fibres. It is sometimes so overpowering as to cause syncope. In other cases the sensation has been likened to a tear, a pinch, a thrust of a knife, etc. Loss of function, more or less complete, must attend every such case, and is, of course, greater in proportion to the size and importance of the muscle involved.

Indeed, Dr. Mansell Moullin conjectures that it is really rupture of a deep-seated, perhaps varicose and weakened, vein which constitutes the lesion of "coup de fouet," and not separation of muscular or tendinous fibres. He refers to one case in which the same accident occurred twice in the same leg, at a different spot, within a month. He thinks, also, that the rapid recovery under proper treatment should lead us to suppose that a vessel, rather than a muscle or tendon, had been ruptured. But would rupture of a vein alone cause a sudden snap, excessive pain, and such notable loss of motor function? If a vein of considerable size were torn, would not hæmatoma, swelling, and ecchymosis be vastly greater than what we observe in these cases?

At the moment of rupture, coincident with the sudden and severe pain, the separation of fibre is often indicated by a crackling sensation at the seat of injury. This sensation is not only one of feeling, but is, in some instances, heard as a distinct snap.

Swelling soon takes place. In some cases it is almost immediate. In my own case a slight degree of tumefaction was recognized a few hours after the accident, and within forty-eight hours it had markedly increased. The exten-

sive ecchymosis then present was the result of laceration of superficial blood-vessels. When a considerable solution of continuity occurs in muscular tissue a proportionate amount of blood must escape. The blood-vessels, of all kinds, share the fate of the contractile elements, and lymphatic conduits are also involved. It will be readily understood, therefore, that when the tear is large there will be a corresponding outpour and accumulation of blood. The fluid soon coagulates and forms a localized swelling or tumor,—in other words, an hæmatoma. In some recorded instances the extravasated blood was very abundant and the tumor was large in proportion. The hæmatoma is of medium consistence, does not fluctuate, is slightly mobile, and, in favorable cases, is eventually absorbed.

Nerve fibres are also torn at the moment of accident, and this fact explains the sharp pain which is experienced.

A further effect of the division of contractile tissue, when the injury is at all extensive, is a separation of the ends, that connected with the origin of the muscle being drawn away from the remaining fibres. The consequence of this action is that a gap, interval, or depression exists, and can be detected by the finger when an examination is made. In well-marked cases, therefore, we find a considerable alteration in the contour of the surface, a swelling constituted by the hæmatoma being present in one spot, while a depression representing the interval between severed ends of structure occupies another situation.

As muscular tissue, the efficient agent of locomotion, notwithstanding its rather soft consistence in a state of relaxation, is capable, during contraction, of exerting sufficient power to break bone, it should not surprise us that it is also capable of causing rupture of tendon, sheath, and aponeurosis. In fact, laceration of the muscle is less common than that of tendon. Sédillot, who was one of the first to carefully study the lesion, believed, from his observations, that separation most often occurred at the junction of fleshy and tendinous fibres. He analyzes 21 cases of the affection, in 13 of which rupture was found at the line of insertion into tendon, while in the remaining 8 cases the lesion affected the body of the muscle. This point, however, has been exhibited in a clearer light by Nélaton, who found that the situation of the lesion depended

upon the form and structure of the muscle. Those with long fibres and short tendons rupture, as a result of injury, in the fleshy part. In those, on the contrary, possessing short fibres and long tendons, the lesion usually occurs at the junction of the muscular and tendinous fibres.

Rupture of muscle may be complete or partial. The laceration may be confined to muscular tissue or it may involve the tendon also, and, perhaps, the sheath or aponeurosis by which both are covered. Complete separation, as a rule, takes place at the junction of fleshy and tendinous fibres. Less frequently it affects the body of the muscle, and this is particularly the case with the biceps. Partial rupture, again, varies as regards extent. It is sometimes sufficient to occasion a distinct interval or solution of continuity, which can be recognized by palpation if not inspection, though this sign may be difficult to detect when the affected structure is deeply situated. A more trifling rent furnishes, in addition to pain, but slight symptoms referable to itself; the effusion of blood, in such instances, is the chief feature, and gives origin to a small hæmatoma. The effusion infiltrates the muscular tissue as well as occupies the space between the divided extremities. If the sheath or aponeurosis be torn, the fluid finds its way also into surrounding connective tissue. The sheath is almost always torn where it receives the insertion of muscular fibres. An hæmatoma is an almost constant accompaniment of lacerated fleshy fibres. When the lesion principally involves tendon, there is but little effusion, owing to the poverty of that structure in blood-vessels, and an hæmatoma may not form. In some cases the sheath or aponeurosis only is torn, and in these the muscle may bulge out of place, constituting a hernia of muscle. Such an occurrence is denoted by the presence of a subcutaneous tumor, which is soft when the muscle is relaxed, but becomes hard upon contraction. The pain is usually moderate, but there is some difficulty in performing certain movements. The tumor may persist for an indefinite period.

Repair of divided muscular substance is obtained by a process of subacute myositis. The extravasation is generally removed by absorption. In previously healthy individuals suppuration is an extremely rare event. There is a class of cases, entirely distinct from those

of which I write, in which muscle has undergone granulo-fatty degeneration in consequence of some severe febrile disorder. In these, very slight force suffices to rupture the structure, and the effusion is ordinarily transformed into pus. In certain cases, however, in healthy subjects, the extravasation, instead of being absorbed, undergoes organization, becomes fibrous and encysted, may remain indefinitely, and assume a dense consistence. Such a tumor may attain considerable size. It has been conjectured that the intra-muscular enchondromata and osteomata of cavalrymen may have their origin in such a transformation. These tumors are usually seated in the adductor muscles, which are known to be liable, among equestrians, to rupture.

Rupture of muscle is not, as a rule, attended by serious complications. When it involves the lower limb, however, it has an important influence upon the condition of the subcutaneous blood-vessels. If there exist in these the slightest tendency to varicosity, a venous thrombus is generally produced. In this event, we must strictly avoid such measures as may result in the formation of emboli. It has also been known to be complicated by the rupture of already existent varicose veins, with phlebitis as a further consequence. It is of advantage, as demonstrated by Dr. Ernest Laplace, to continue the use of the roller-bandage until the limb has nearly regained its normal strength. This practice is also prophylactic against the development of varicose veins.

The diagnosis of this accident depends upon the recognition of the main features to which it gives rise,—sudden pain, swelling, the tumor of rapid development, with, perhaps, a depression over some portion of the muscle, and loss of function. When the muscle is deeply seated the diagnosis may not be so clear, but must depend upon the manifestations named and the exclusion of other possibilities. Additional difficulties may occur in certain regions. Rupture of an abdominal muscle may simulate abdominal hernia; but if the tumor is due to muscle, and not gut, it is dull on percussion, is soft when the muscle is relaxed, and hardens upon contraction. Laceration of an adductor muscle might be mistaken for femoral hernia. Professor Péan cites a case in which rupture of the anterior portion of the deltoid bore a resemblance to luxation of the shoulder.

The pain which attends rupture of tendon is much less than that accompanying separation of muscular fibres. On this account, and because of the extensive ecchymosis and swelling, I am of the opinion that, in my own case, the plantaris muscle was divided, notwithstanding the absence of perceptible tumor. The plantaris is a small mass, and this, together with the fact that it is overlaid by the gastrocnemius, may explain why no tumor was observed.

The principles of treatment of this lesion are relaxation and rest, together with gentle compression. In suitable cases suture of the divided ends may be practiced. The general duration of a case is from four to six weeks, though a certain degree of feebleness lingers for a longer but indeterminate period.

ANGINA PECTORIS.

By HERMAN D. MARCUS, M.D.,
Late Resident Physician of the Philadelphia Hospital
(Blockley).

NO disease is characterized by more severe and agonizing pain than angina pectoris. The violence of the pain becomes at times so marked as to give the patient a feeling of impending death. Intense lancinating pains radiating to the heart, shooting to the shoulder and arm,—pains whose severity cannot be pictured or described,—are the prominent symptoms of this affection.

In the treatment of angina pectoris we must pay the strictest attention to the primary cause. Routine treatment without considering the etiology is valueless.

In considering the treatment we are of necessity forced to classify this disease into groups, depending upon the causation.

In stenocardia which is purely neurasthenic it will be found that treatment directed to the entire nervous system will prove beneficial.

Such sedatives as the bromides, valerianates, etc., or the use of galvanism, massage, or hydrotherapy, between the attacks will be found of the greatest benefit. Absolute rest, avoidance of all excitement, abstinence from the immoderate use of tobacco and alcoholics will generally be conducive to quick and happy results.

Angina pectoris due to organic cardiac defect has been in the past and to a great extent is yet treated by the nitrites.

Recognizing the close relationship of angina pectoris to atheroma of the coronary vessels, as pointed out by Germain-Sée, Leyden, and others, we must, if we accept this as one of the essential causes of stenocardia, direct our treatment toward improving this condition, and then nitrites should be used; but in the face of the many autopsies on record of patients who, during their life-time, have been sufferers from this disease and whose coronary and other arteries were found free of any atheroma, we are necessarily forced to look to other causes than calcification of the small arteries.

Stenocardia is undoubtedly a neuralgia; Romberg calls it a neuralgia of the cardiac plexus. The other symptoms, though,—the pain in the shoulder, to the neck, to the arm,—prove that this neuralgia affects also the brachial plexus; perhaps, also, the tracheal plexus.

The question whether these pains originate in the heart-region from the heart-muscle remains still open and is disputed.

Again, others have thought that these attacks may be due to a sudden engorgement of the ventricles in an already weakened heart. Others, again, believe that a sudden anæmia of the heart is necessary for the appearance of these attacks.

Valvular heart trouble, especially if connected with the aorta, is undoubtedly a frequent cause of stenocardia, and nearly all cases of angina pectoris in which hypertrophy or fatty degeneration was present were always associated with aortic disturbances.

It is only rarely that either hypertrophy or fatty degeneration without aortic disease causes stenocardia, and we must therefore accept it for granted that the aortic disease is the exciting cause.

Not only lesions of the aortic valves, but diseases of the aortic walls, aneurisms, have been found a frequent cause of angina pectoris. In the treatment, then, of angina pectoris caused by valvular disease, we must, in the first place, remove, if possible, or rather ameliorate, the valvular disturbance.

All violent exercise and excitement should be carefully avoided, and any sudden emotional disturbance should be prevented. The bowels should be regulated, if necessary, by the use of purgatives or some of the mineral waters. The diet should be regulated, and all alcoholics, tea, coffee, fatty food, or pastry

restricted. Tobacco must be used, if at all, in moderation.

Light out-door exercise and sponge-baths with massage should be recommended. Tonics should be prescribed when indicated, and such drugs as are indicated in valvular heart-lesions should be given.

Such cases of angina pectoris which are complicated by aortic valvular disease induced by hypertrophy are greatly improved by aconite. The use of aconite is tabooed by many physicians in angina pectoris, and this wrongly. The value of this drug in this particular group of cases is unquestionable, and only a trial can fully show its prompt action. Cases of stenocardia whose primary cause is hypertrophy react better with this drug than any other drug of the pharmacopœia. In one instance a patient* who had been under my treatment, and who had used all the different nitrites without any benefit, having from two to four attacks in twenty-four hours, was placed on tincture of aconite, 10 drops daily (gtt. ij t. i. d. or bis. ind.), and the result showed an entire absence of the attacks for fifteen days. Since then I have tried the same treatment in such cases in which I felt satisfied that hypertrophy was the primary cause, and the result was uniformly good.

Angina complicated with fatty heart is best treated by injections of camphor and strychnia or the administration of cimicifuga. Digitalis and strophanthus have very little, if any, influence in such cases.

The nitrites—nitroglycerin or sodium nitrite—are invaluable in all cases in which the disease is diffused over the artery, but caution must be used, in the administration of these drugs, not to begin with them in every case of arterial sclerosis or valvular lesion. The nitrite of amyl is the only reliable drug at our disposal to combat the attacks proper. Inhalations should be begun with the prodromes of an attack and continued until improvement is noticed. The ice-bag or hot-water bag—according to the preference of the patient—to the præcordial region will also be found of service. Morphine injections for the actual pain are valueless, as the attacks are generally over before the drug exerts its analgesic influence.

In angina pectoris caused by aneurism our treatment should be directed toward the ob-

* "Report of a Case of Angina Pectoris," *American Therapist*, April, 1894.

literation of the sac. Rest, light diet, restricted amount of liquids, and, for drugs, iodide of potash are very beneficial. In such cases aconite again comes to the foreground, the only restriction to its use being excessive caution. Nitroglycerin is also valuable, but such drugs as digitalis, strophanthus, etc., should only rarely be used.

The methods recommended, such as the introduction of fine wire, horsehair, or the injection of drugs into the sac, are not only of little value, but extremely dangerous, and should be avoided.

2263 NORTH TWENTY-FIRST STREET.

THE ARTHRITIC DIATHESIS; MIGRAINE; SALOPHEN.

By A. CLAUD, M. D.,
GHENT.

IN a critical essay, which I have devoted to the study of migraine, I expressed the opinion that the latter is a constitutional disease due to an infection or intoxication of the organism. Féré groups one form of migraine—hemicrania ophthalmica—with epilepsy. Although not inclined to go so far, I feel myself, at any rate, justified in comparing these two affections with each other in the threefold respects of etiology, symptomatology, and therapeutics. The theory of the toxic or infectious origin of migraine, therefore, approximates to that which Pierre Marie has successfully contended for in regard to the infectious etiology of epilepsy,—a theory which, aside from a few details, has been accepted by M. Van Stricht and by myself in an essay to which was recently awarded the prize by the Academy of Medicine in Belgium.

In the above-named critical essay I also supported the view that migraine is to be regarded as an independent affection, chiefly originating from an arthritic diathesis. The excellent school of the Salpêtrière has more than once called the attention of neuropathologists to the relations between migraine and the arthritic diathesis, as well as to those between the latter and various nervous affections.

Charcot especially favored these views of general pathology, and frequently reverted to them in his remarkable lectures:* “The arthritic diathesis may be represented as a tree whose principal branches are gout, articular

rheumatism, certain forms of migraine, affections of the skin, etc. On the other hand, a tree might be represented comprising neurasthenia, hysteria, epilepsy; all groups of mental affections, hereditary forms or others; general progressive paralysis, tabes dorsalis, etc.

“These two trees, to a certain extent, thrive together upon the same domain; they are united by their roots and bear such intimate relations to each other that one is often inclined to ask whether it is not the same tree.” “Bearing in mind these axioms,” says Charcot, “it will be easy to understand the majority of phenomena in the course of nervous affections, which otherwise remain obscure. When you have before you a neuropathic patient, you must regard the disease presented to you as only an episode.”

We have taken into account this twofold relationship and expressed the opinion that, aside from the status arthriticus, migraine may be brought into connection with a series of nervous phenomena in neuropathic families.

Migraine, as regards etiology, and especially therapeutics, should, therefore, be regarded as a partial manifestation of the arthritic diathesis or as an offshoot of nervous affections.

“It is generally recognized,” says Féré,* the scholarly physician of Bicêtre, “that the neuropathic family presents extensive relations to arthritic affections, in such a degree that both are frequently comprised in one group,—the so-called nervous arthritic. In nervous patients and their families we often find rheumatism and even more frequently gout.” Bailarger already recognized this relationship between rheumatism and the neuroses in a general way. He expresses himself as follows in this particular: † “Neuralgias occur frequently in gouty persons, especially migraine. Almost any of the nerves may be affected: trigeminus, brachial plexus, intercostal nerves, sciatica.” Paget and Da Costa report cases of neuralgia of the tongue, gums, and maxilla.

The relations of the gouty diathesis and migraine are also acknowledged by Axenfeld and Huchard. ‡ One of the factors, to which too much attention should not be given, is heredity. It is certainly always easy to determine that the patient's ancestors had suffered from

* *La Famille Neuropathique*, 1894, p. 136.

† *Ibid.*, p. 154.

‡ *Traité de Névroses*, p. 231.

* *Leçons du Mardi*, 2d edit., vol. I, p. 33.

the same affection; but we must not lose sight of the bond which connects migraine with the constitutional diseases and the neuroses. It occurs frequently with cutaneous affections, arthritis, rheumatismus nodosus (Charcot), gout, gravel; in cases of hæmorrhoids; in tuberculous patients, even when there has been no development of intra-cranial tubercle (Gubler). This demonstrates the great importance, in a clinical sense, of these variable relations which may be transmitted from one generation to another; so that migraine may manifest itself in the descendants of a gouty, rheumatic, or hysterical patient.

In a remarkable work Seguin* states that he is convinced that in persons suffering from migraine conditions of disturbed nutrition exist, together with overfilling of the blood with imperfectly-oxidized materials,—lithæmias,—conditions which play an important part in the pathogenesis of the attacks. It is certain that many of these persons are gouty, and that from time to time abundant deposits of oxalate of lime, uric acid, and urates occur in their urine. He believes that many indications exist which are to be met by regulation of diet, hygienic measures, and approximate medicinal agents.

Möbius,† the distinguished German neuro pathologist, in a scholarly monograph which has just appeared, does not coincide in this view. He denies the relations existing between migraine and gout, and the statement of Trousseau, who says: "Migraine and gout are sisters." If in a country gout and migraine have both gained a foot-hold, he remarks, it is not surprising that both should occur in the same family or in the same individual, but before attempting to establish this relationship we must be convinced that their association is observed likewise in those countries where gout is infrequent. "I have never," says Möbius, "seen a person suffering from migraine who previously had suffered from gout or subsequently acquired this disease; and, further, I have never been able to obtain a history of gout in his family." "In only one instance," he adds, ironically, "have I encountered both affections in one family, the man having gout and the wife migraine." Möbius does not share in the view of those who assume the existence of a special relation-

ship between chronic articular rheumatism, muscular rheumatism, and migraine. Charcot, he says, speaks chiefly of rheumatismus nodosus. He has determined that, among thirty females afflicted with this disease, twelve had previously suffered from migraine, and that the latter at once subsided as soon as the articular swellings made their appearance. Möbius concedes that in hospital practice arthritis deformans frequently occurs in connection with migraine, but maintains that in cases in which migraine disappears in advanced life at the same time when the joints begin to swell no positive proof is afforded to warrant us in assuming a substitution of one disease for the other. Oppenheim states, in his excellent text-book on nervous diseases (1894), that the relations between gout and migraine have not yet been adequately established.

It is peculiar that men of such brilliant powers of observation as Möbius, Charcot, and Oppenheim should represent such diametrically-opposite views as regards the pathogenesis of migraine. This fact is undoubtedly to be explained on the ground of the differences in the clinical material under observation. In this direction the evidence of Möbius seems to possess a certain amount of importance, but all these contradictory statements, in my opinion, result from the different conceptions of these authors with regard to the nature of the arthritic diathesis. In common with Boucharde, we assume that arthritism is a diathesis,—a morbid predisposition, occasioned by faulty nutrition. Conformably to this view, arthritis must be considered in a broader sense, and then the relations between migraine and the arthritic diathesis become more evident.

This relationship becomes more striking when we consider the therapeutic results obtained in migraine. The gouty character of neuralgias, says Féré,* is often made evident by the favorable effects of treatment. Thus, for example, Begbie relates a case of sciatica in a gouty person which was cured by colchicum; and sciatica and various other nervous disturbances have been often seen to vanish on the appearance of an attack of articular gout. I have reported the case of one of my patients, in which I observed a characteristic migraine alternate with renal colic. The administration of lithia in connection with benzoate of soda

* Leçons sur le Traitement des Névroses, 1883.

† "Migraine," Nothnagel's Encyclopædia, 1894. Holder, Vienna.

* Loc. cit., p. 155.

and Contrexeville mineral water removed both affections.

The dietetic regimen of gouty persons should approximate to the normal, with the exception of a slight diminution of the nitrogenous food and an increased supply of alkalies by means of green vegetables and fruits.* It is interesting to note that this diet, which is adapted for the arthritic diathesis, corresponds exactly to that recommended by Möbius† in the treatment of migraine. "With reference to diet, I am of the opinion that a diet consisting chiefly of vegetables is better borne than an abundance of animal food." Many of these patients, he adds, have become strict vegetarians, and they have since noted that the attacks have disappeared, or, at least, have become more infrequent or less intense.

We will not further discuss the views of Möbius, who sees in this the effect of suggestion. We can readily understand why, within certain limits, Möbius should have attributed some of the successful results of electro-therapeutics to suggestion; but to ascribe to suggestion effects originating from a radical change in the mode of life strikes us as somewhat exaggerated on the part of the German author. The truth is that a vegetarian diet is so well tolerated by so many sufferers from migraine for the reason that a large number of them are arthritic.

What applies to diet is even more forcibly exemplified by the results of internal medication, and here the axiom is especially appropriate: *Naturam morborum curationes ostendunt*. Möbius‡ states that two classes of drugs are to be recommended in migraine, the bromides and the more recent nervines,—salicylate of soda, antipyrin, acetanilid, phenacetin, etc. I coincide with him, for both these categories correspond in every respect to the dual arthritic and nervous nature of these affections, which we have endeavored to demonstrate.

Inasmuch as sodium salicylate and antipyrin have proved of great value, according to the united testimony of all observers, and especially Oppenheim, this is, in my opinion, attributable to their antirheumatic and antiarthritic effects.

In this connection it is of interest to refer to a new remedy which has been frequently discussed in recent times, and which, according

to observations made thus far, possesses marked anti-arthritic and analgesic virtues,—viz., salophen.

About five weeks ago I was consulted by a lady, aged 52 years, who suffered from characteristic hemicrania recurring at short intervals. She was very corpulent and predisposed to arthritis, her father having suffered from rheumatism and gout. No nervous affections had existed in her family, except that a sister for some time during the period of puberty had suffered from melancholic depression. The urine contained a great abundance of urates, which formed a characteristic deposit at the bottom and walls of the vessel.

The case was therefore evidently of arthritic character. Patient had previously taken quinine sulphate, with but moderate relief; the attacks recurred at very short intervals,—about five or six days. For several months previous to my seeing her she had discarded all medication. I ordered salophen, 1.0 gramme to be taken during the attack, and followed by a second dose at the end of two hours, if it were not terminated at that time. The patient experienced considerable improvement after the first dose, and after the second the migraine completely disappeared. She stated that she had not been so rapidly and markedly relieved for a number of years. Since that time she has taken salophen regularly and maintains an appropriate diet. There has been no recurrence of the attacks.

Another case was that of a man, aged 62, who had suffered for a number of years from diabetes mellitus, and had maintained a strict diet. About every fourteen days he was attacked by very severe migraine, which lasted for from five to six hours. None of the remedies employed had afforded any actual relief, although antipyrin rendered the attacks more endurable and appeared to lengthen the intervals. He took the latter regularly, on account of its antidiabetic effect. On my advice he has replaced antipyrin by salophen for the last six weeks, and since then has had no attack of migraine.

The efficacy of salophen in the treatment of gout, acute articular rheumatism, and various other arthritic affections is a well-established fact. The results obtained by various authors, of whom we would cite especially Koch, Müller-Darier, Ciullini and A. Vite, Waugh and Lavrand, are very convincing in this

* Le Gendre, *Traité de Médecine*, vol. 1, p. 300.

† *Loc. cit.*, p. 87.

‡ *Loc. cit.*, p. 89.

direction. The marked analgesic effect of the remedy has been demonstrated by several of the above-named authors, as well as by Gallo-way, de Buck, and Vanderlinden. The therapeutical effect which we had expected from salophen and obtained in the two briefly-described cases can be readily explained from the theoretical considerations which we have just expressed with reference to the pathogenesis of migraine.

These considerations would justify, in like manner, the use of salophen in the treatment of diabetes and other affections whose pathology is also to be sought in the arthritic diathesis and an especial nervous state. It is also rational to employ salophen in the treatment of chorea. Antipyrin and exalgin have hitherto given the best results in this affection, but salophen, whose anti-arthritic and antinervous effects are more intense, would seem, in my opinion, to surpass the two former substances. The good results which have been derived by us from salophen in migraine of arthritic origin place the relations between arthritism and migraine in a clearer light, and justify the views of the School of Salpêtrière, to which belongs the honor of having directed the attention of the medical world to this etiological relationship.—*Flandre Médicale*.

ABSTRACTS.

ZINCI STEARAS COMP. C. ACETANILID.

As an insufflation this combination is recommended as having none of the irritating properties of iodoform; in fact, it has been found to relieve iodoform irritation, and is believed to be the antiseptic which will probably replace that drug as an application to moist surfaces of the mucous membrane and skin, where it has been found valuable in cases of eczema, intertrigo, etc.

As a dressing for wounds it has been applied to prevent the formation of pus; it is also a drying agent, and adds to these qualities a deodorizing effect. Each drachm of this trituration contains fifteen grains of acetanilid.

Dr. J. A. Cantrell reports two hundred cases of skin eruptions. In moist conditions he found that acetanilid was an astringent and drying antiseptic powder with none of the irritating qualities of iodoform,—in fact, it cured iodoform irritation, and is probably "the

antiseptic we are looking for to replace iodoform."

Dr. Edward Martin used acetanilid in a thousand cases of suppurating wounds, and his experience led him to believe that it was superior to iodoform. It was less toxic, the wounds kept perfectly dry, there was no pus, no odor, and the dressing kept as clean as with iodoform. He said he should continue to use it in place of iodoform.—*New York Medical Journal*.

OBSERVATIONS ON THE TREATMENT OF FIBROIDS OF THE UTERUS.

Dr. O. S. Phelps, of New York, reports an unusually-complicated case of uterine fibroid in a girl, 17 years of age, who came under his care in July, 1894. She was sent from the West to New York by the family physician to have an hysterectomy performed, and came directly to his sanitarium. The tumor was eight to ten centimetres in diameter and crowded the uterus well over to the left side. The uterine cavity measured five inches, and the organ with its appendages was surrounded and bound down by an inflammatory exudate. The bladder was impinged upon so that it could not hold more than one or two ounces of urine, causing the patient great agony to evacuate it. The whole mass—including tumor, exudate, uterus, and appendages—filled the pelvis and rose well up to the umbilicus. The patient was much emaciated; weighed 60 pounds (normal weight 125 pounds); could not stand or walk, nor could she turn in bed without great pain. Temperature 100° to 103° F. Dr. A. H. Goelet was called in consultation and confirmed the diagnosis; he also agreed that no operation could be considered at that time, but thought ligation of the uterine arteries might be resorted to later. The treatment adopted was the high tension faradic current, fifteen minutes thrice daily, vagino-sacral and abdominal. At each *séance* the temperature was reduced one half to one degree, lasting one to two hours. A system of feeding was adopted, under the guidance of microscopical observations of the blood and secretions, to determine the correct choice of food. In two months the temperature remained normal and the weight had increased thirty pounds. Galvanism was then used with anode to tumor *per vaginam*, by means of a special clay electrode with cathode closely

adapted to tumor over abdomen; 20 to 30 milliampères of current, seven to ten minutes, every five days. January 15th, tumor was reduced to a mere nodule about the size of a walnut; exudation gone; uterine cavity measured two and three-fourths inches. Patient's weight was then 125 pounds.

Conclusions.—The writer ascribes the favorable results in this case,—

First. To a systematic plan for restoring the nutrition under such favorable conditions as are afforded by a sanitarium.

Second. To the persistent use of the high-tension faradic current to allay pain, reduce inflammation, and induce absorption.

Third. To the galvanic current, so applied as to concentrate its action upon the fibroid growth.—*American Medico-Surgical Bulletin.*

NEPHritis DUE TO GRIPPE.

At a meeting of the Medical Society of the Hospitals M. Comby said that during the past year he had under his care a case of cystitis caused by grippe. The cystitis was characterized by pain in the lower part of the abdomen; painful micturition, with hæmaturia at the end of the act, supervened on the eighth day of the grippe and yielded readily to treatment. During the present year a child had entered his service suffering from suddenly-developed fever, the tongue of grippe, and hæmaturia. The blood was intimately mixed with the urine during the whole time of emission, pointing to the kidney and not the bladder as the source of the hæmorrhage. There was also severe lumbar pain dependent upon renal congestion. Would nephritis be likely to result?

M. Rendu remarked that in the last-mentioned case the symptoms of influenza did not appear to be very decided, and it might have been simply one of primary renal congestion. M. le Gendre stated that he had latterly made the diagnosis of grippal hæmaturia in a man whom he had known for twenty-five years, and who had had no other illness than two attacks of the grippe,—one in 1890, which lasted a month, and the other, milder, a year ago. Upon the last occasion he was seized with pain in the kidneys so suddenly as to suggest renal colic. At the same time the symptoms of influenza appeared,—headache, pain in the eyes, sneezing, and catarrh of the air-passages.

The patient also had, consecutive to lumbar pain, an hæmaturia which continued for forty-eight hours. The bronchial catarrh lasted fifteen days. No nephritis was left.—*La Tribune Médicale.*

PHLEGMON OF THE POSTERIOR MEDIASTINUM.

M. Ziembecki, of Lemberg, has reported a very remarkable case of phlegmon of the posterior mediastinum, which, according to Koenig and Tillmans, is, in ninety cases out of one hundred, beyond the resources of art. These phlegmons certainly occur, although in Germany the existence of the posterior mediastinum as an autonomous region is not admitted, nor the presence of phlegmons exactly limited to that space, such cases being regarded as always examples of "panthoracis," in consequence of diffusion of the lesions.

The patient was a woman of 30 years, who after perforation of the œsophagus by a bone and an unseasonable exploration, suffered from a deep phlegmon of the neck, remarkable on account of the swelling *en masse* of the cervical region and a fever of remittent character. Parœsophagotomy (incision of œsophagotomy) was performed and was followed by the discharge of a considerable quantity of pus and a bone. An exploration of the seat of disease demonstrated that it extended eleven centimetres (about four inches) into the posterior mediastinum. The pus contained Friedlander's pneumococcus and the staphylococcus albus. The cavity was tamponed and drained. This was not sufficient, and the temperature again rose. The patient was placed upon a Trendelenburg bed with a drainage tube entering fifteen centimetres (nearly six inches) into the thorax. It was impossible to maintain the position. A siphon was then introduced as in cases of purulent pleurisy. By this means 200 grammes (about 6 ounces) of fluid were withdrawn daily. The case progressed favorably, and two months later was apparently cured. Some time, however, after the closing of the fistula, there was a return of the manifestations, together with convulsive troubles indicative of a general infection. Death took place from septicæmia, the patient having refused any operation in the posterior mediastinum.

M. Ziembecki held an autopsy and executed upon the cadaver (an exceptional circumstance) an opening into the posterior

mediastinum by the process of Nociloff (1888), which has been newly studied in France by Hartmann and Quénu. He was also able to determine that, in cases of this kind, the operation is very difficult, that the pleura is always perforated, though this accident is not attended by serious inconveniences, and that, furthermore, the incision must be carried to the right and not the left. He, therefore, disagrees in these two points with the French writers, who have considered the question only from a theoretical point of view, without taking into account the pathological lesions which necessitate the operation. M. Ziembecki justly remarks that had he opened the phlegmon of the posterior mediastinum in the first place, and not have fallen into the error of thinking that the employment of the siphon had succeeded, he might have saved the patient. He concludes, with reason, that an operation should always be performed early in order to avoid opening the pleura. The history of the case was communicated at a meeting of the Medical Society of the Hospitals.—*Le Progrès Médical*.

SALIGENINE.

According to M. Lederer, saligenine (orthoxy-benzlic alcohol), $C_6H_4(CH_2OH)OH$, is a drug which has an efficacious action in acute articular rheumatism. It is almost free from drawbacks, and by its solubility in alkalis and its rapid absorption by the bowel may be utilized in other infectious diseases. It may be employed in relatively small doses in comparison with salicylic acid. In proportion to the gravity of the case, it is prescribed in the dose of 50 centigrammes to 1 gramme (about 8 to 15 grains) every hour or two hours. Its action is rapid and stable. On account of the absence of buzzing in the ears, cyanosis, or digestive troubles, saligenine should, M. Lederer believes, be preferred to salicylic acid and its derivatives.—*La Médecine Moderne*.

OPTIC NEURITIS OF GONORRHEAL ORIGIN.

Professor Panas reports a case of the above nature, belonging to the class of peripheral neuritis of toxic origin, the primordial agent being the gonococcus. In order to explain its action the author asks whether it is necessary to admit a metastasis of microbes by way of the vessels to the optic nerve? Or should we

think that the gonococcus acts through the toxin which it elaborates? In the absence of full information, the latter hypothesis seems the more acceptable, for all the examinations for the microbe in the ocular tissues were negative, although it must be remembered that it is difficult to obtain cultures of the gonococcus.—*La Médecine Moderne*.

PARALYSIS IN THE COURSE OF PNEUMONIA.

The fact that hemiplegia may occur during pneumonia has already been pointed out by M. Lépine. Professor Bozzolo, of Turin, in a clinical lecture, has recently studied an interesting case and endeavored to explain its etiology.

The patient was a man, 60 years of age, neither an alcoholic nor syphilitic subject, but very nervous, who entered the hospital on account of a double pleurisy, dry upon the left and serous upon the right side, productive of but little trouble. He was, however, placed in a ward with several patients suffering from pneumonia and contracted that disease. He presented all the signs of acute hepatization of the lung. On the third day the temperature suddenly fell below $37^{\circ}C$. ($98.6^{\circ}F$.); the patient was attacked by vomiting, strabismus, rigidity of the neck, and acute delirium. There next supervened a right-sided flaccid hemiplegia, soon followed by contractures. He died fifteen days later.

It might have been supposed that the man had succumbed to a meningitis of pneumococcal origin. This meningitis, however, ordinarily extends to the spine, but a puncture made several days before death at the level of the cauda equina gave negative results to bacteriological examination. Furthermore, the autopsy revealed the absence of any cerebral alteration. There was no thrombosis, embolism, nor hæmorrhage. There was, however, in the fissure of Rolando of the left side an oedematous thickening of the meninges, and a slight atrophic process at the level of the ascending parietal lobe. There was nothing in the gray centres. The lung was hepatized and oedematous.

In the presence of these facts how can the hemiplegia be explained? The theory of a definite lesion once disproved, and the idea of hysteria eliminated, intoxication of the cerebral cells by the toxins of the pneumococcus might be suspected. If, however, this intoxi-

cation would explain the delirium, it fails to explain the localized motor troubles. Again, in this case the pneumococcus was not found. There remain, then, two causes which are studied by M. Bozzolo. The one is general and was first indicated by Lépine. It consists in the alteration of the circulation, which might produce nutritive troubles in the brain. The other is local, and relates to the compression which might be made in the fissure of Rolando by the oedema revealed by the autopsy,—an oedema analogous to those which Chantemesse has shown in certain hemiplegias dependent upon Bright's disease.—*Le Bulletin Médical*.

DIPHTHERIA FOLLOWED BY SYMPTOMS OF HEREDITARY LOCOMOTOR ATAXIA WITH EPILEPTIC ATTACKS AND DEMENTIA.

M. Hoffmann exhibited to the Society of Medicine of Heidelberg a boy, 10 years of age, who had been attacked, at the age of 4 years, with diphtheritic angina, accompanied by paralysis of the veil of the palate and pharynx and weakness of the heart. There were no hereditary antecedents; his father and sisters enjoyed good health. After the attack of diphtheria the little patient was obliged to remain in bed for a month. When he was able to rise his relatives became aware of morbid symptoms, which have persisted to the present time, and for which the child is now in the hospital. Upon examination there was found ataxia of all the limbs during voluntary movements and repose. His gait is stumbling, staggering, tabetico-cerebellous, with the cerebellous symptoms predominant. The whole body is agitated by choreic movements. There are nystagmus, loss of tendinous reflex, epileptic attacks, and well-marked dementia. There is diminished acuity of vision, with a normal eye-ground. Scoliosis, projection of the tendon of the proper extensor of the great toe during walking, and flattening of the occiput are not very decided. The articulation of words is difficult. The child is physically well developed. There is no lesion of internal organs.

In this case, also, as in another presented by M. Hoffmann, the symptomatic complex of Friedreich's disease is exhibited, but complicated with epileptic attacks and mental weakness. Nevertheless, the case is not one of Friedreich's disease, for the lesions of the cen-

tral nervous system ascend much higher than the spinal cord. It is of special interest, in the present case, that the morbid symptoms are not directly connected with a diphtheritic paralysis. According to M. Hoffmann, it is not an ordinary diphtheritic paralysis of unusually long duration, but an ataxic affection akin to Friedreich's disease. The diphtheria has simply played the same rôle as other infectious maladies when an hereditary predisposition exists. It is very probable that, in this instance, the soil was favorable to the development of all the phenomena, in consequence of congenital anomalies of the nervous system. In such cases the diphtheria is particularly liable to provoke ataxic manifestations, for, without any predisposition, it often excites these symptoms.—*La Médecine Moderne*.

DIPHTHERIA ANTITOXIN.

In order to ascertain the effect of freezing upon his antidiphtheritic serum, Dr. Aronson, in February last, made experiments upon this point in Schering's laboratories. He exposed diphtheria antitoxin (Schering) to the low temperature of -25° to -30° Cels. (-13° to -22° Fahr.), and found that, when the solution became liquid again, its efficacy was not in the slightest affected. The liquid became only more opalescent, but no insoluble substances separated, and it showed absolutely no sediment after two days' standing.

GALENISM AND ITS LIMITATIONS.

This was the title of an interesting address delivered by Dr. Frank Woodbury at the sixth social meeting of the Alumni Association of the Philadelphia College of Pharmacy. In the course of his remarks the speaker said: "To revert to the title, I would say that Galenism may be taken as a general term covering the administration of drugs to patients for the treatment of disease. It was originally restricted to the articles of the materia medica taken solely from the vegetable kingdom; but early in this century it was discovered that crude drugs owed their physiological activities not to spiritual essences, signatures, or supposed astronomical relations, but to certain chemical substances composed of the same elements as the surrounding inorganic world, and which have been separated in the form of acids, alkaloids, salts, oils, and

so on. In fact, in modern practice, the use of these active principles has been found to so fully take the place of the plants from which they are derived as almost to drive the latter into complete disuse. This was the first great step to establish medicine upon a scientific foundation, and it has been accomplished almost within our own day. The second and still more important step for scientific medicine was the discovery, about the year 1838, by Schleiden and Schwann, that vegetable and animal bodies were made up of small individual elements, which they termed cells. According to the modern view, all living bodies are really communities of living cells, which alone have the power of manifesting the phenomena of life, and by the continued activity and growth of which the animal is enabled to exist.

"When Virchow announced the great fact that 'disease has a material *ens* (that is, entity), it is the altered cell,' the third step was taken, which supplemented those already mentioned, and securely established medicine upon a scientific basis.

"The subject to which I wish particularly to invite your attention this afternoon is the problem of rational medicine. If the altered cell constitute the essence of disease, it is for us to discover the nature of the alteration, the causes of such alteration, and, finally, the means of restoring healthy condition and function.

"It has been found, also, that certain substances not ordinarily used as food, if eaten or otherwise introduced into the body, have the power of modifying cell activity. This class of agents may be used for the purpose of altering the action of cells from a disordered to a healthy state, and, when used for this purpose, are called medicines. From this stand-point, then, medicines may be regarded as exceptional, accessory foods.

"From even this hasty and superficial review of the subject, I think it will be evident that the administration of medicines rests, in the main, upon the same basis as the administration of food, and that is the nutritive requirements of the living cell, and what is technically called chemotaxis. In the state of disease the functions of living cells, as has just been shown, may be regulated and altered, and the elimination of waste material facilitated, by the use of suitable remedies. Furthermore, I

think that it will be admitted that any individual is at times liable to overload his stomach or to swallow food which may cause symptoms of disease (such, for instance, as mushrooms or lobsters), and the patient can only be relieved by emptying the alimentary canal as quickly as possible. Moreover, certain poisonous substances, in common use in the household or in the arts, may be swallowed (such as condensed lye, carbolic acid, corrosive sublimate, arsenic, or opium), and life depends upon the prompt administration of proper remedies. Therefore, if antidotes, alteratives, emetics, purgatives, and tonics are acknowledged to have their usefulness established, and we know that we have other remedies which will promptly relieve pain and soothe the sufferer to refreshing sleep, I think it can be accepted as demonstrated that medicine is not entirely a superstition, and that the use of drugs is not likely to be abandoned or become obsolete, as long as it rests upon the solid ground of science and utility."

ACCIDENTS OCCURRING IN THE MANUFACTURE OF PHOSPHORUS.

This was the subject of a communication to the Academy of Medicine by M. Magitot, who has studied the chronic phosphorism produced especially by the absorption through the respiratory passages of vapors containing phosphorus. Certain manifestations—a cachectic state, slight jaundice, etc.—affect all the workmen, without exception. Infantile mortality is very considerable among the children of mothers who suffer from phosphorism. Albuminuria is quite frequent. There is, above all, diminished oxidation of nitrogenous tissue and considerable increase in the loss of mineral constituents of the organism (A. Robin). The influence of this loss of mineral upon bony tissue may be conceived. Other symptoms—as chronic enteritis, nephritis, bronchitis, fragility of bone, necrosis of the jaws consecutive to the slightest surgical intervention—attack different subjects according to their individual predisposition. These accidents are often produced a long time after the causes of intoxication have disappeared. The treatment consists, above all, in favoring the oxidation and elimination of phosphorus by means of an absolute milk diet, oxygen, ozonized air, exercise, and essence of turpentine. Phosphorus-necrosis should not be surgically

treated until amelioration of the general condition has occurred. Finally, the true prophylactic remedy would consist in the absolute interdiction of the employment of white phosphorus in the fabrication of matches.—*Le Progrès Médical*.

PRECOCIOUS TERTIARY LARYNGITIS.

At a meeting of the French Society of Dermatology and Syphilography, M. Mendel presented a young woman, 21 years of age, who acquired syphilis in December, 1893. There were few secondary manifestations. Nevertheless, gummata early appeared upon the leg, the hairy scalp, and upper lip. In December, 1894, the larynx was invaded, and the dyspnoea soon became alarming. Upon laryngoscopic examination the following lesions were discovered: excessive infiltration of the left vocal cord, of the corresponding false cord, and arytenoid region. The glottis was represented only by a small posterior triangle, scarcely sufficient for respiration. Three grammes of iodide of potassium and a Dupuytren pill daily made no modification in the condition of the larynx. On the contrary, the lesions yielded, after several days, to injections of calomel. The case is of double interest on account of the precocity of serious tertiary accidents and the rapid efficacy of calomel injections.—*La Médecine Moderne*.

THERAPEUTIC NOTES.

DYSMENORRHEA.

R Tinct. cannabis Indic., ... ℥viii.
Syrup. chloral. hydrat., ... ℥xv.
Aq. camph., ... ad ℥ss.
M. pro dosis j. Pro re nata, ex. aq. ℥ij.

The best method of administering this medicine is to direct the patient to take a dose directly the pain commences, and one further dose in three hours if the pain has not quite disappeared by then.—DR BEDFORD FENWICK, in the *Medical Times and Hospital Gazette*.

DIPHThERIA.

Dr. J. D. Whitley, in the *Medical Fortnightly*, uses the following as a gargle:—

R Acid. carbolic., ... gtt. x.
Myrrh. tinc., ... ℥ss.
Acid. tannic., ... ℥ij.
Glycerini, ... ℥ss.
Aque camph., ... q. s. ℥vj.

Dr. J. M. Callender, in the *College and Clinical Record*, praises the following methods as efficient:—

Locally:

R Liq. ferri subsulphatis, ... f℥ij.
Phenol, ... 3j.
Aque, ... f℥ss.
Ol. sassafrasæ, ... 3j.
Glycerinæ, ... f℥iv.

M. Sig.: Apply to the growth in throat by means of a swab every three or four hours.

Internally:

R Zinci sulphatis, ... gr. vj.
Phenol, ... ℥ix.
Aque, ... f℥ij.
Ol. sassafrasæ, ... ℥xij.
Tr. digitalis, ... f℥iss.
Glycerinæ, ... q. s. ad f℥vj.

M. Sig.: One teaspoonful every hour.

In laryngeal diphtheria:

R Zinci sulphatis, ... gr. x.
Phenol, ... ℥xv.
Aque, ... 3j.
Eucalyptol, ... ℥xx.
Thymol, ... gr. x.
Menthol, ... gr. v.
Ol. sassafrasæ, ... ℥xx.
Alcohol,
Glycerinæ, ... āā q. s. ad f℥iv.

M. Sig.: Use with atomizer every hour.

Dr. Hersch, of Vienna, according to the *North American Practitioner*, relies upon the following mixture without local treatment:—

R Iodide of sodium, ... 3 grms.
Salicylate of sodium, ... 5 grms.
Water, ... 200 grms.
Strawberry-syrup, ... 30 grms.

F. S. A.: To take one tablespoonful (or two if there is imminent danger) every hour.

PERTUSSIS.

Dr. Joseph Stidham, of Reinhard, Texas, writes to the *Medical Brief* that he has seen good results from

R Spts. chloroformi, ... ½ drachm.
Ammon. bromidi, ... 1 drachm.
Syr. simplicis, ... q. s. ft. 2 ounces.

M. Sig.: Teaspoonful every two, three, or four hours.

HEPATIC AND NEPHRITIC COLIC.

R Valerianate of amyl,
Sulphuric ether, ... āā gtt. iij.

M. For 1 capsule. Let 20 such capsules be made.

Sig.: Two capsules every half-hour until 6 have been taken.—*La Médecine Moderne*.

HYPERÆSTHETIC CONDITIONS OF THE URINARY
BLADDER.

℞ Lactate of cocaine, . . . 1 gramme.
Lactic acid,
Distilled water, . . . 5 grammes.

Inject into the bladder, once or twice a week, about a drachm of above solution, the bladder having been previously evacuated. (Lactate of cocaine is a white substance of consistency of honey, very soluble in water. It has not yet been successfully prepared in a dry state.)—*American Practitioner and News.*

BRONCHITIS.

℞ Terpini hydrat., . . . 3j
Glycerini, q. s. ut fiat sol.
Syr. Tolut., . . . ad 3ij.

M. Sig.: One teaspoonful every three hours.—*Practitioner.*

CHRONIC BRONCHITIS AND ASTHMATIC
PAROXYSMS.

Dr. A. A. Eshner has found the following combination useful in allaying the paroxysms:

℞ Sodii iodidi, . . . 3iv-vj.
Extract. grindeliæ fluid.,
Extract. quebracho fluid.,
Extract. lobeliæ fluid., 55 f3j.

M. Sig.: A teaspoonful t. d.—*College and Clinical Record.*

CHRONIC BRONCHITIS WITH EMPHYSEMA.

Dr. Eshner prescribes the following:—

℞ Sodium nitrite, . . . 1 dr.
Sodium iodide, . . . 1 dr.
Syrup of senega, . . . 1 oz.
Syrup of Tolu, . . . ½ fl. oz.
Solution of ammon. acetate, ½ fl. oz.

M. Sig.: A teaspoonful to be taken from three to five times a day.—*Philadelphia Poly-clinic.*

BROMO-VALERIANATE OF AMMONIA IN THE
TREATMENT OF ACUTE MANIA AND OTHER
NERVOUS AFFECTIONS.

Dr. Rambaud, of Paris, has used with considerable success the following prescription in nervous diseases:—

℞ Bromoform, . . . gtt. l.
Valerianate of ammonia, . gr. xv.
Alcohol, . . . 3iv.
Water, . . . 3iij 3iv.
Tinct. of cardamom to conceal odor, . . . q. s.

Sig.: Tablespoonful every two or three hours.

This preparation produces a new chemical substance by the combination of the bromoform and the valerianate of ammonia, which

possesses all the therapeutical effects of bromoform with the synergistic action of the valerianate of ammonia. It should not be given in sugar and water, as the latter decomposes it, precipitating the bromoform. Given in the above manner the irritating qualities are much reduced.—*North American Practitioner.*

OXIDE OF COPPER AS A TAPE-WORM REMEDY.

Dr. F. Schmidt has been convinced, on himself as well as in four other patients, of the efficacy of the oxide of copper as a tape-worm expeller. He employed the following formula:—

℞ Black oxide copper, . . . 3iiss.
Prepared chalk, . . . gr. xxx.
Argilla, . . . 3iij.
Glycerin, . . . 3iiss.

Sufficient for 120 pills. From 8 to 12 a day.

During the first week the patient takes two pills four times a day, during the second three pills four times a day, and abstains from acid drinks and foods. After two weeks a good dose of castor-oil is taken. In case of children who cannot swallow pills, it may be administered in tablets as follows:—

℞ Black oxide copper, . . . 3i¼.
Prepared chalk,
Carbon. magnes., . . . 55 gr. xxx.
Gum tragacanth, . . . 3iiss.
Glycerin, . . . 3i¼.
White sugar, . . . 3j 3j.
Distilled water, . . . q. s.

Sufficient for 50 tablets. From 2 to 3 a day.—*Medical and Surgical Reporter.*

INFLUENZA.

℞ Antipyrinæ, . . . gr. v.
Sodæ bicarb., . . . gr. v.
Spirit. ammon. aromat., . ℥x.
Elixir simpl., . . . 3ss.
Tinct. opii, . . . ℥ij.
Aquæ anethi, . . . ad 3ss.

M. ft. dosis.

Sig.: One tablespoonful every half-hour for three doses, then every two hours, every three hours, and afterward every four hours if still required.

This is a digestible form, and not depressing. The combination of a small dose of laudanum rapidly removes the depressing symptoms and appears to prevent nervous prostration afterward. Its combination with antipyrin has been extensively used at one of the largest metropolitan hospitals.—*Practitioner.*

COUGH-MIXTURE.

A favorite mixture for coughs and colds, especially after influenza, contains in each dose:—

R Ammon. bromid.,	. . .	gr. v.
Tr. camph. co.,	. . .	℥xx.
Ext. glycyrrh. liq.,	. . .	℥v.
Tr. digitalis,	. . .	℥ij.
Syr. scill.,	. . .	℥xv.
Syrupi,	. . .	℥ss.
Aquæ,	. . .	q. s. ad ℥ij.—M.

—*Practitioner.*

A NEW WAY OF ADMINISTERING CODLIVER-OIL.

Dr. Dietrich has succeeded in masking the disagreeable taste of codliver-oil by the following formula:—

R Codliver-oil,	. . .	℥xxxj ℥ij.
Essence lemon,	. . .	℥i℥
Essence clove,	. . .	gr. xxx.
Essence peppermint,	. . .	gr. xv.
Vanilline,	. . .	gr. iss.
Cumarine,	. . .	gr. i℥.

The cumarine and the vanilline are dissolved in the essential oils, which are slightly warmed, and this solution is mixed with the oil.—*Medical and Surgical Reporter.*

PRURITUS VULVÆ.

Dr. B. F. Baer has found the following combination to be the best palliative for pruritus occurring at the menopause:—

R Morphine sulphate,	. . .	6 grains.
Boric acid,	. . .	1½ dr.
Camphor-water,	. . .	6 fl. oz.—M.

Label: Poison. Apply to the affected parts after ablation with warm water and Castile soap.—*Philadelphia Polyclinic.*

PURULENT OPHTHALMIA.

Césarís has found the following formula useful in purulent ophthalmia, affections of the cornea, syphilides, etc.:—

R Salicylate of cadmium,	. . .	gr. iss.
Distilled water,	. . .	℥iiss.

M. Sig.: Use as a collyrium.

For injections in gonorrhœa and vaginitis he employs

R Salicylate of cadmium,	. . .	℥ss.
Distilled water,	. . .	℥℥vj.—M.

—*La Médecine Moderne.*

SCHERING'S GLYCERO-PHOSPHATES.

The dose of glycerophosphate of lime is 15 to 45 grains per day for adults. Glycerophosphate of lime and glycerophosphate of

iron in combination have given excellent results in the treatment of scrofula in children. Both salts can be dissolved in lukewarm milk. Hot milk or other hot liquids should not be used. The preparations can also be given in powder form.

The solutions of the glycerophosphate of lime in the proportion of 1 to 30 are sometimes incomplete. The addition of citric acid, one-tenth the quantity of salt, facilitates the solution and promptly renders the mixture limpid.

The calcium salt is especially indicated for administration by mouth, while the sodium and potassium salts, which are of a syrupy consistency and soluble in every proportion of water, are better for hypodermatic injections.

The watery solutions of all the glycerophosphates are not stable, but decompose in a short time.

STOMATITIS.

In the herpetic form Dr. Marfan speaks favorably of a mixture thus composed:—

R Distilled water,	
Glycerin,	 āā ℥iiss.
Iodine,	
Iodide of potassium,	. . . āā gr. vj.

M. Sig.: For local use. Apply to lesions.—*La Médecine Moderne.*

FOR AMENORRHŒA.

The following promises well:—

R Hydrarg. chloridi corrosivi,	gr. ¼.
Sodii arseniatis,	. . . gr. j.
Ferri sulphatis exsiccatae,	. . . gr. xxx.
Potassii carbonatis,	. . . gr. xv.
Extracti nucis vomicae,	. . . gr. v.

M. Divid. in pil. xxx.

Sig.: One pill to be taken before each meal.—*Medical and Surgical Reporter.*

TO PREVENT BED-SORES.

After washing the parts with an antiseptic solution twice daily, dry and apply the following powder:—

R Pulv. camph.,	. . .	3v.
Amyl. pulv.,	. . .	℥iiss.
Cretæ gallic.,	. . .	℥ij.
Alum ustum,	. . .	℥j.
Acid. borac.,	. . .	℥j.
Pulv. oxidi zinc.,	. . .	℥j.
Acid. carbolic.,	. . .	℥ss.
Ol. gaultheria,	. . .	℥ss.—M.

—*Prescription.*

FACIAL ERYSIPELAS.

Dr. R. Cowan Lees, of Glasgow, has had excellent results from the use of the following ointment:—

℞ Ergotine, ... 1.30 grms.
Liquid extract of ergot, . 8 grms.
Lanolin, ... 15 grms.
Fresh lard, ... 45 grms.

M. For external use.—*Medical Times and Hospital Gazette.*

LEUCORRŒA.

When occurring in young, unmarried women and examination is refused, Dr. Slocum has learned to depend upon the specific action which cantharides appears to exercise upon the cells constituting the genital as well as the urinary system. Following is the usual form of administration:—

℞ Tincture of cantharides, . 96 minims.
Tincture of ferric chloride, 160 minims.
Diluted phosphoric acid, . 160 minims.
Syrup of lemon, . . . 2 fld. oz.
Water, sufficient to make . 4 fld. oz.

M. Sig.: One teaspoonful, in water, after meals.—*Philadelphia Polyclinic.*

NOCTURNAL INCONTINENCE OF URINE.

When associated with a rheumatic diathesis Dr. W. L. Kendall, of Meridian, Miss., writes to the Louisville Medical Monthly that a good prescription is

℞ Pot. iod., ... 3iiss.
Fld. ext. xanthoxyli,
Fld. ext. stillingizæ,
Fld. ext. fraxini Americanæ,
Fld. ext. sarsaparillæ, aa ʒij.

M. Sig.: Two tablespoonfuls in a little water three times a day, and one dose at bed-time. Commence and give one hour before each meal.

COLIC.

In severe cases Capitan makes use of

℞ Naphthalin., ... gr. viiss.
Iodoform., ... gr. iij.
Acid. tannic., ...
Antipyrin., ... ʒʒ gr. xv.

M. et ft. pil. no. x.

Sig.: Three or four pills in succession until relieved.—*Ex.*

PHARMACOLOGY AND PHYSIOLOGICAL ACTION OF EURYBIN.

Eurybin is a glucoside obtained from *Eurybia moschata* (Compositæ), a native of New Zealand; occurs as an amorphous powder, slightly yellowish in color, of a bitter taste,

and gives clear solutions with water and alcohol. The watery solution is not rendered turbid by neutral acetate of lead, but is precipitated by the basic acetate. Tannin produces a flaky precipitate which, when shaken, collects rapidly as a resin. The resin, freed from its water, gives a clear solution with alcohol. The solution does not reduce Fehling's solution. When eurybin is mixed with sulphuric acid in the proportion of 5 to 100, the solution precipitates a resin which is soluble in alcohol. The watery solution of eurybin reduces Fehling's solution,—an undeniable demonstration that the substance is a glucoside. From experiments made by Kobert it is shown that eurybin has an action upon animals only when given in comparatively large doses, smaller quantities being without effect even when given hypodermatically. In the dose of 0.7 gramme (10 grains) it produced violent and repeated vomiting in a healthy cat, but the animal entirely recovered. The fatal dose for frogs is 0.55 gramme (8½ grains).—*La Médecine Moderne.*

LUMBAGO.

A prescription of Dr. S. Solis-Cohen's is

℞ Sodium salicylate, . . ½ ounce.
Potassium iodide, . . . 2 drachms.
Compound syrup of sarsaparilla, . . . 1½ fld. oz.
Water, sufficient to make . 3 fld. oz.

M. Sig.: A teaspoonful in water thrice daily, after meals.—*Philadelphia Polyclinic.*

BROMETHYLFORMINE.

This is a derivative of formol and has the formula of $C_3H_6N_2C_2H_5Br$. It has been recommended in the treatment of epilepsy. This compound would seem to be an excellent succedaneum for bromide of potassium, and possesses the advantage over the latter of not causing eruptions.—*La Médecine Moderne.*

GONORRŒA.

A favorite prescription of Dr. J. William White's, for the second stage, is

℞ Hydrarg. chlor. corros., . gr. ʒ.
Acidi carbolic, ... ʒiiss.
Zinci sulpho-carbolate, . gr. xxiv.
Boro-glyceride (50-per-cent. sol.), ... fʒij.
Aque rosæ, . . q. s. ad fʒviiij.

M. Sig.: Use as injection after urinating.—*Medical World.*

PNEUMONIA.

Dr. J. A. Reagan, in the Southern Clinic, says that he has found the following prescription very effective in early pneumonia:—

R Fld. ext. jaborandi, . . . ʒj.
Sweet spirits of nitre, . . . ʒj.

M. Sig.: One teaspoonful every hour until the patient perspires freely.

CORYZA OF CHILDREN.

Dr. J. Madison Taylor uses, in the ordinary coryza of children, the following prescription, known as pil. atropinæ comp.:—

R Atropine sulphate, . . . gr. $\frac{1}{80}$
Morphine sulphate, . . . gr. $\frac{1}{80}$
Quinine sulphate, . . . gr. $\frac{1}{80}$
Strychnine sulphate, . . . gr. $\frac{1}{80}$
Arsenious acid, . . . gr. $\frac{1}{80}$

M. Sig.: One pill every hour, until dryness of the throat is felt.

This is followed by minute doses of apomorphine every two hours.—*Philadelphia Polyclinic*.

ACUTE CORYZA.

R Acid. carbolic.,
Ammonizæ, . . . ʒi $\frac{3}{4}$.
Alcohol (90°), . . . fʒiiss.
Aq. destill., . . . fʒiij $\frac{3}{4}$.

M. Sig.: Pour 10 drops on blotting-pad every hour and inhale for several seconds. To abort a coryza.—*Universal Medical Journal*.

MYDRINE AS A MYDRIATIC.

Dr. H. Groenouw states that mydrine is a white, water-soluble powder, representing a combination of the two mydriatic alkaloids, ephedrine and homatropine. Mydrine, owing to the evanescence of its action, is especially serviceable for diagnostic purposes. Whilst homatropine mydriasis usually disappears only after the lapse of one to two days, and that of atropine frequently continues two or three times as long, mydrine produces mydriasis which lasts but several hours. The following solution is used for ocular examinations:—

R Mydrine, . . . 5 grains.
Distilled water, . . . 45 minims.

M. Sig.: Collyrium.—*Medical Standard*.

A GOOD WAY TO GIVE LIQUOR.

If you fear the responsibility of inducing the alcohol habit in a susceptible patient, Dr. Balliet says: "Render the drug very bitter with tinct. nux vomica, and destroy its odor with

comp. tinct. lavender. The most experienced imbibitor will fail to recognize the liquor."—*Medical World*.

TUBERCULOSIS.

Dr. J. Hunter Peak, of Louisville, Ky., reports, in the Louisville Medical Monthly, a good result from the use of an emulsion thus composed:—

R Ovi vitelli gallinæ, . . . No. ij.
Ovi albumini gallinæ, . . . No. j.
(Well beaten together.)
Glycerini (C. P.), . . . ʒiiss.
Olei morrhuæ, . . . ʒiv.
Olei cinnamomi,
Olei gaultheriæ, . . . ʒi $\frac{3}{4}$.
Spts. frumenti, . . . ʒv.

M. ft. emul.

Sig.: Shake before using, and take a tablespoonful fifteen minutes before meals.

UNGUENTUM VEGETABILE.

This name has been given to an ointment-basis introduced by Koch and Becker, consisting of an emulsion of vegetable-wax, oil, borax, and water. It is recommended on account of its durability, antiseptic action, and capacity for taking up water.—*Pacific Record of Medicine and Surgery*.

MOYRAPUAMA AS AN APHRODISIAC.

Dr. C. Rebougeon, in the New York Therapeutic Review, states that moyrapuama, from two words in one of the native languages of Brazil, signifies the straight or rigid tree. It is an almost leafless shrub, which grows in the southern and southwestern parts of the State of Para, upon the slopes of Columbia, and the tract of the Rio Negro. In Brazil it is considered as a tonic of the nervous system, and a most energetic aphrodisiac. It is difficult to obtain a supply of moyrapuama, as the tree is not easily found, being at best rather scarce, and growing amid the tangled vegetation of virgin forests, where only the natives are able to find and recognize it.

Some have sought to classify it botanically, and have held it to be a lirioma of the family of Oleaceæ. Kleesattel, of Stuttgart, has written a thesis on this subject, and Drs. Husemann, of Göttingen; Pekott, of Rio de Janeiro; and Rees, of Erlangen, share this opinion. On the other hand, Mr. Glazion, of Rio, a distinguished botanist, and Dr. Clem-

ente Malcher, of Para, place moyrapuama among the Acanthaceæ.

Several scientists have investigated the therapeutical properties of this substance, among them Hartwig, of Brunswick; Holfert, of Berlin; Heger, of Vienna; Keszler, of New York; Goll, of Zurich; Pfaff, of Strassburg; and Kleesattel, of Stuttgart. They have all considered it as an energetic tonic and stimulant of the weakened nervous system, and employed it in paralysis, rheumatism, dyspepsia, and especially in impotence, stating that it removed its causes without harming the patients. Kleesattel states that he has cured nine cases in which damiana (*Turnera aphrodisiaca*) entirely failed.

An analysis of the root by Dr. Rebougeon gave the following result:—

Water, ...	0.260
Glucoside and fixed salts, ...	2.010
Essential oil and organic substances, ...	2 730
Total, ...	5.000

The glucoside of moyrapuama was isolated, decolorized, and obtained in the form of a white powder. Physiological experiments prove it to be the active principle of the drug.

An interesting point is the very slight toxicity of this substance. In animals, who showed a very active response to the action of the drug, it was necessary to employ one gramme of extract or one centigramme of glucoside per kilogramme in order to cause death, by intra-venous injection.

In pregnant females, toxic doses brought about immediate abortion.

In cold-blooded animals the injection of a cubic centimetre preserves for several hours the movements of the lungs and heart, after the latter has been laid bare, and the reflex action is continued for a long time after death.

It would hence appear that the use of this drug is decidedly indicated in neurasthenia in general, and particularly in the neurasthenic conditions of digestion and circulation, and the asthenia of the uterine and genital organs, with impotency. (Moyrapuama may be found in America at Ch. N. Crittenton Co., 115 Fulton Street, New York.)

UTERINE FIBROIDS.

In the treatment of women who refuse operative measures, Dr. Bloom recommends

teaspoonful doses of syrup of hydriodic acid, three times a day, in conjunction with a prescription containing potassium bromide and fluid extract of ergot. This treatment not only controls excessive menstruation, but it interferes with the nutrition of the fibroid, and there is necessarily a consequent diminution in the size of the tumor, as was noted in three cases within the year.—*Philadelphia Polyclinic*.

STRANGURY.

R. Balsami copaibæ, ...	℥ss.
Acidi benzoici, ...	3j.
Vitelli unius ovi, ...	
Aq. camphoræ, ...	f 3vij.

M. Sig.: Take 2 tablespoonfuls twice a day (in dysuria senilis).—*Prescription*.

PARAFORM.

According to Aronsohn, when formaldehyde is heated for a sufficient length of time in a watery solution, it passes into a solid, white, crystalline polymer, insoluble in water. This is paraform. It is a very strong intestinal antiseptic. For this purpose it is said to be superior to beta-naphthol, iodoform, salol, dermatol, and benzo-naphthol. It has a strong inhibitory action on the propagation of bacilli. One grain of paraform will completely sterilize 200 grammes of urine.—*Western Druggist*.

BOROFORMIATE AND AMMONIO-BOROFORMIATE OF ALUMINIUM.

The boroformiate of aluminium is an hygroscopic salt crystallizing in large scales, which glisten like mother-of-pearl. They dissolve completely, though slowly, in water. The aqueous solution has a sweet and astringent taste, and does not coagulate albuminous solutions,—a property which is common to it with other solutions of aluminium. It is prepared by adding a mixture of 2 parts of formic acid, 1 part of boric acid, and 6 or 7 parts of water to as much freshly-precipitated and carefully-washed alumina as can be dissolved by the aid of heat. After allowing the mixture to settle it is filtered, and the solution may be used either directly, after having determined exactly its concentration by evaporation and weighing the residue, or allowing the boroformiate of aluminium to crystallize.

According to J. Martensen boroformiate of aluminium contains 33.5 per cent. of alumina,

14.9 per cent. of formic acid, 19.68 per cent. of boric acid, and 31.92 per cent. of water. The boroformiate of aluminium has been for more than a year used in the Prince Oldenburg Children's Hospital of St. Petersburg, where it has supplanted all other preparations of aluminium.

Ammonio-boroformiate of aluminium is obtained by saturating a solution of boroformiate by ammonia and evaporating the clear fluid. Experimenters have not yet succeeded in crystallizing this combination.—*La Médecine Moderne*.

MORPHINOMANIA CURED BY GRADUALLY INCREASING DOSES OF PHOSPHATE OF SODA.

M. J. Luys reports the case of Dr. X., who had been accustomed to employ about seven grains of morphia daily. Small doses of sodium phosphate were given subcutaneously (with glycerin and water), and as they were gradually increased the morphia was progressively diminished. In two months the morphia was discontinued entirely, and then the doses of sodium phosphate were progressively diminished, and finally stopped altogether in two weeks more. There remained no desire for the morphia at all.—*American Practitioner and News*.

SYMPTOMATIC TREATMENT OF INFLUENZA.

Dr. Claus, editor of *La Flandre Médicale*, has recently written an exhaustive article on the symptoms of influenza, in which he points out that it is an error to assume that nervous individuals are most susceptible to the neuralgic pains of influenza. He recognizes the existence of a relationship between migraine and arthritis, one of the reasons given being that the antirheumatics—at the head of which he places salicylate of sodium—are equally good antineuralgics.

After reviewing the majority of new remedies which have been recommended for the treatment of the symptoms of influenza, he expresses the opinion that among these the salicylate of soda has proved the most serviceable. It is conceded that this drug has a number of disagreeable after-effects, which frequently form an obstacle to its employment; notwithstanding this, so long as no substitute was at hand, the physician was restricted to the use of this preparation.

Recently a substitute has been found in

salophen, the molecule of which contains more than one-half of salicylic acid. Inasmuch as salophen is not decomposed until it reaches the intestines, it is therefore free from the gastric disturbances which are produced by the salicylate, while it acts as effectively as the latter. For these reasons Claus employed salophen with especially good success in the migraine of arthritic origin.

In twenty cases of influenza attended with variable neuralgic pains (sciatica, intercostal neuralgia, cephalalgia, and other symptoms), remarkable amelioration was at once noted after the administration of 1.0 to 2.0 grammes of salophen. In the majority of cases recovery ensued within the course of two days. The very favorable effects of this preparation, which stamps it as an antipyretic and antiarthritic *par excellence*, gives it a leading position among specific remedies recommended for the treatment of the symptoms of influenza; for salophen embodies the advantages of the salicylate of soda, without possessing the disadvantages of the latter. As regards dosage, 0.5 gramme was administered and repeated every two hours until relief of the pains had been effected.

ANOTHER NEW ANTISEPTIC.

It is said in recent therapeutic reports that the salicylate of cadmium has a more energetic action than other salts of this metal. It gives good results in the treatment of purulent ophthalmia, in vascular engorgement of the cornea, as an astringent in mucous discharges, against syphilides, etc. Chemically-pure salicylate of cadmium is a white salt, occurring in splendid tabular crystals, with plain face and rounded sides. It has a sweetish taste at first, then styptic. It melts above 300° , dissolves in 24 parts of water at 100° , in 68 parts at 23° , and in 90 parts at zero. It is soluble in alcohol and ether, more readily in warm; very soluble in hot glycerin, but is insoluble in chloroform and benzin.

The salt has the formula $(C_6H_4OHCOO)_2Cd$, and has 24 parts per 100 of metallic cadmium. It may be prepared either by acting on hydrated oxide or carbonate of cadmium with salicylic acid, or by precipitating salicylate of barium with sulphate of cadmium; the latter method is more complicated and the product is not so pure.—*Journal of the American Medical Association*.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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HERPES OF THE LARYNX.

IT is well known that lesions analogous to those of the skin often appear upon mucous membranes. Our knowledge of the identity of affections of the external and internal integument has been greatly advanced of late years by the report of numerous cases in which the mucous membrane has exhibited eruptions precisely similar to those which more commonly appear upon the skin. As a contribution to this interesting study, we take pleasure in calling the attention of our readers to a valuable paper by Dr. Brindel, based upon the observation of three cases occurring in the clinical service of Dr. E. J. Moure, and published in our excellent contemporary, the *Revue de Laryngologie, d'Otologie, et de Rhinologie*.* The fact that herpes might attack the larynx was, until within a few years, either denied or overlooked, although it has frequently been observed upon other mucous membranes. It would seem to be a very rare localization, as only nineteen cases have been placed upon record. Fernet, in 1878, was the first writer to publish the history of a case. Other observations have been subsequently reported by Rudolf Meyer, Beregszaski, Gottfried Scheff, Davy, Chapman, and Stepanow.

It is conjectured by Dr. Brindel that, notwithstanding the paucity of reported cases, herpes of the larynx, without being frequent, may well be more common than has heretofore been supposed. The affection is very liable to come under the care of the general practitioner, and to escape unrecognized in default of a laryngoscopical examination. The

usual cause of the disease is, according to the writer quoted, cold, and it is generally accompanied by herpetic fever. Constitutional symptoms, as chills, fever, anorexia, vomiting, headache, furred tongue, are ordinarily well marked. Although often associated with herpes of the mouth, throat, nose, or face, the sole manifestation of the disease may be confined to the larynx.

As the characteristic feature of herpetic laryngitis consists in a limited inflammation of the mucous membrane of the organ, with the production and evolution of a vesicle in the centre of the inflamed part, we find that it expresses itself by difficulty of respiration and deglutition. The patients early complain of dryness of the throat, trouble in swallowing, pain caused by pressure upon the neck at each side of the larynx, together with disagreeable prickling sensations in the larynx, aggravated by breathing, and which often produce painful, coughing paroxysms. Respiration is sometimes difficult. The glands of the neck are not swollen. The dyspnoea is generally slight, but hoarseness is often decided. Aphonia is frequent, supervening rapidly, and depending, like the dyspnoea, upon the parts of the larynx attacked. The hoarseness and aphonia, especially if they continue for several days, are the most distressing symptoms to the patient, causing him to demand a laryngoscopic examination, and this inspection alone enables one to diagnosticate herpes. The mucous membrane is seen to be red in spots, swollen, and studded here and there with small, discrete, opaline vesicles, occupying the centre of the inflamed spots. These vesicles, in certain cases, manifest themselves on the first day of the malady; in others they do not appear until the sixth or seventh day. In this as in its other localizations, herpes often proceeds by successive crops, so that the complete evolution of the vesicles may be witnessed. Unbroken and ruptured vesicles with punctiform erosions are seen at different places. Within a few days—three, four, or eight at most—the redness and swelling of the mucous membrane begin gradually to subside, and, coincidentally, the functional difficulties disappear.

The vesicles are, ordinarily, few in number, ten being the minimum, and their sites of elec-

* "De l'Herpes du larynx." Par A. Brindel, premier interne et lauréat des hôpitaux. *Revue de Laryngologie, d'Otologie, et de Rhinologie*, March 15, 1895.

tion are the posterior surface and free border of the epiglottis (in about two thirds of the cases), the arytenoid mucous membrane (in two fifths), the vocal cords and aryepiglottic folds (in one-fifth). The ventricular bands are less often involved. In two-thirds of the recorded cases one of these parts only, to the exclusion of others, was the seat of vesicles. In one case the laryngeal mucous membrane was invaded in its different regions.

The evolution of herpetic laryngitis is rapid. Its duration does not exceed fifteen days or three weeks. The larynx returns completely to its normal condition, and entirely recovers its functions. One attack does not confer immunity. The prognosis is favorable, notwithstanding the severe nature of its early symptoms.

It is possible, as one of the cases observed by Dr. Brindel demonstrates, that herpes of the larynx may co-exist with a genuine laryngitis, each affection being independent.

For diagnosis the laryngeal mirror is indispensable. Herpes needs to be distinguished from simple acute laryngitis. The latter also begins abruptly, but general symptoms are absent or much less marked. In acute laryngitis the mucous membrane is bright red in all its parts, instead of in spots, as in herpes. Laryngeal diphtheria, also, has several points in common with herpes. The pseudomembranous form of herpes described by Davy must, for the present, be regarded as hypothetical, and it is difficult to conceive that such lesions should be so large and confluent as to demand surgical intervention. The course of laryngeal diphtheria is well known. The rejection of false membrane by coughing, the progressive aphonia, the increasing dyspnoea, and the concomitant cervical adenitis will prevent confusion with a disease characterized by red spots surrounding a vesicle, and in which an herpetic eruption often co-exists upon other mucous membranes. Acute tuberculous laryngitis might be confounded with herpes, but its rapid course, the ulcers which soon form, and the occurrence of tuberculosis in other organs, particularly the lungs, should suffice to differentiate the two diseases. Thrush bears some resemblance to herpes, but thrush only attacks pavement-

epithelium, and its little white spots and the presence of many similar spots upon the mucous membrane of the mouth are, after all, a different picture from that of herpes.

Painful dysphagia is sometimes the only symptom of laryngeal herpes. As this manifestation may be caused by an acute folliculitis of the base of the tongue, the latter condition should always be carefully eliminated by an examination of the buccal cavity prior to laryngoscopy. Pemphigus, which may occur in the larynx, as upon other mucous membranes, bears some resemblance to herpes. The lesions of the former, however, exceed those of the latter in size, are bullæ in place of vesicles, and pemphigus of the larynx is almost invariably accompanied by the same eruption in the pharynx and upon the skin.

The constitutional treatment of laryngeal herpes is that of herpetic fever, of which it is but one of the manifestations. Locally, gargles containing borax and a bromide or carbolated or borated pulverizations are recommended.

From his study Dr. Brindel deduces the following conclusions:—

1. Special treatises should devote a new chapter to a disease hitherto but little known,—herpes of the larynx.

2. This affection, which is less rare than has been supposed, is only an isolated or associated localization of herpetic fever.

3. Its most frequent situation is upon the posterior surface of the epiglottis and the vicinity of the arytenoids.

4. It is characterized anatomically by the evolution, in those regions, of herpetic vesicles surrounded by an inflammatory zone, and clinically by the symptoms of herpetic fever on the one hand, and on the other by painful deglutition, hoarseness, and sometimes aphonia,—all symptoms susceptible of being more or less associated, and which are in relation with the localization of herpes.

5. The invasion is sudden, the progress rapid, and the cure complete. Recurrence sometimes takes place.

6. In rare instances, if ever, herpes of the larynx is accompanied by symptoms analogous to those of croup.

HYSTERIA OF MALARIAL ORIGIN.

THE deceptive simulations of hysteria, the annoyance and alarm which it may occasion in families, and its occurrence as complicating traumatisms, infectious diseases, and impaired conditions of the general health will always render it an important object of study. It has been demonstrated that, under the above circumstances, men of robust physique may be attacked by a disease which was formerly regarded as almost peculiar to women. We find, in a recent number of a valued exchange,* two interesting and instructive cases reported from the neurological clinic of Dr. Bidon, of Marseilles, both patients being males. Hysteria occasioned by malaria modifies the symptoms of the latter and constitutes a form of malarial attack of pernicious appearance which is important to recognize. Dr. Clement in his thesis has collected eighteen cases of hysteria of paludal origin.

The first case of Dr. Bidon was that of a man, 22 years of age, free from antecedents, who had, in 1891, contracted diarrhoea and intermittent fever in Tonquin. At the end of the same year he suffered from gonorrhoea with double epididymitis, and soon afterward from syphilis with cutaneous eruptions, polyadenitis, and mucous patches in the mouth. The patient, who was a soldier, was treated with protiodide of mercury. At this time he was attacked by intermittent fever with short intervals between the paroxysms, which were always preceded by an aura and followed by loss of consciousness. The man returned to France in January, 1892. In 1893, after working in the vintage at Camargue, he set out for Marseilles and on the way was seized by a violent attack, accompanied by loss of consciousness, and lasting for about ten hours. He entered the Hôtel Dieu on the evening of September 23, 1893, with a temperature of 36.4° C. (97.5° F.). On the following day, at 8 o'clock in the morning, the thermometer registered 39.8° C. (103.6° F.), and at noon 40° C. (104° F.). There were headache and disturbed stomach, crepitant râles at both bases with sibilant and sonorous râles through-

out the rest of the chest. There was very marked hyperæsthesia, especially to tickling. On the left flank was an hysterogenetic zone, pressure on which gave rise to a painful laugh with difficult respiration. On the 24th occurred an excess of fever, and the temperature mounted gradually. At midday the patient, who had been motionless and prostrated, suffered from an undeniable attack of hysteria. There were excessive movement and temporary contractures, the body being thrown into an arc of a circle. The crisis continued for about five minutes. On regaining consciousness he had no knowledge of what had happened. The temperature then fell.

Under the influence of quinine the attacks of fever progressively diminished in intensity and were not again accompanied by nervous paroxysms. He had never had hysterical seizures apart from an access of fever.

The second case concerned a man, 27 years of age, who entered the hospital, September 8, 1893. There was no hereditary tendency. In 1887 he had served in the marine at Tonquin. He had intermittent fever in 1888 and was three months in a hospital. For sixty days he had severe daily paroxysms with three decided hysterical outbreaks. At the end of six months a second malarial attack occurred, of the same intensity, complicated at irregular intervals with nervous crises, after which the malarial symptoms were a little less violent. In 1891 the patient was afflicted with bronchitis and anæmia, for which he was sent home. He first entered the hospital in November, 1892, on account of an irregular intermittent fever, accompanied by right-sided hemiplegia with aphonia lasting two months. He was admitted a second time in September, 1893. On the 8th of that month he had experienced fatigue, with migraine, and in the evening was seized with a violent fever, lost consciousness, and manifested hysteria on admittance. There were convulsive movements, at first of an epileptiform character, and afterward clonic, followed by a phase of personal attitudes which continued nearly all the time, with a very violent delirium. The patient gradually recovered an amazed consciousness, without having completely lost the recollection of his delirium.

* La Médecine Moderne, March 2, 1895.

The temperature stood at 39.2° C. (102.5° F.). On the 9th and 10th of the month there were milder paroxysms without crises. On the 13th, at 7 o'clock in the evening, he suffered a violent chill, followed by a high fever. A convulsive crisis then began, preceded by an aura consisting particularly of a globus hystericus, then developing under the form of a very evanescent epileptiform period of irregular movements, the arc of the circle being well marked, and at last passionate attitudes, joining themselves rapidly to the delirium and constituting nearly all the crisis, which continued until 3 o'clock in the morning.

Upon examination the spleen was found hypertrophied and painful. Muscular force was notably diminished upon the right side. The muscular sense was preserved. Sensibility to touch and pain was diminished on the right half of the body, and even abolished upon the hand and forearm. There was a zone of painful hyperæsthesia upon the dorsal surface of the right foot. Sensibility to heat was absent upon the calf. The pharyngeal reflex was very weak. The visual field was notably contracted upon the right side. On the 17th occurred a new febrile access with a light crisis. The attacks returned every second day, often accompanied by crises, and were only terminated by injections of hydrochlorate of quinine.

At the time of dismissal, October 18th, the patient was free from malarial manifestations, but retained the stigmata of the neurosis. He had, however, made great improvement as regards mental condition and tendency to convulsions. His intellect, in fact, had been decidedly improved during the early period of his sojourn in the hospital.

The addition of hysterical paroxysms to malarial intoxication constitutes a veritable form of what has been called *pernicious association*. The co-existence of hysteria gives, according to Dr. Clement, a dramatic effect to the attack, more alarming than dangerous. The symptoms of malarial hysteria are those which ordinarily belong to the neurosis, and their grouping has no peculiar characteristic, exhibiting in general a convulsive form, with incomplete attacks and sensory troubles in which hyperæsthesia predominates. Malaria

acting upon a weakened, nervous system produces an asthenia which favors the development of neuropathies. In most instances the specific poison acts as an irritant to the cerebral cells, either by the simple mechanical influence of contact or by the dissemination and absorption of a toxin.

HALF A CENTURY OLD.

NOT many of the existing journals in the United States have enjoyed a continuous existence of fifty years. Among this number is the Buffalo Medical and Surgical Journal, which was founded in 1845. The career of this periodical has been honorable and successful. It has been and is edited with ability, it has published instructive papers by many eminent men, is an influential professional medium, and an exchange which is always consulted with pleasure and profit. It is the intention of its management to celebrate its semicentennial anniversary by increasing the reading pages from sixty-four to eighty and by making other improvements which will contribute to its efficiency and render it a faithful reflex of the medical progress of the times. The journal has recently announced two excellent additions to its editorial staff, in the persons of Dr. Ernest Wende, Clinical Professor of Dermatology in Buffalo University Medical College and Health Commissioner of Buffalo, and Dr. A. A. Hubbell, Professor of Diseases of the Eye and Ear in Niagara University Medical College.

The best wishes of the editor of the MEDICAL BULLETIN are extended to its contemporary, in the hope and belief that its prosperity will be as signal in the future as in the past.

COLLEGE GOSSIP.

RUSH MEDICAL COLLEGE NOTES.—Dr. Brower, Professor of Mental Diseases, accompanied by the Senior Class, spent a day recently at the Dunning Insane Hospital. A special train was secured and a jolly crowd was aboard, but when the hospital was reached songs were given up and all became deeply interested in a most interesting clinic held by Dr. Brower, in which the various forms of dementia, paranoias, mono-

manias, melancholias, erotics, ambitionists, inebriates, etc., were shown the class. Measurements and comparisons were made, after which the wards were visited. The day was full of interest and value.

In operating upon spina bifida, Professor Senn usually follows the method of Bayer, of Prague, making curved incision in overlying skin at one side of centre, reflecting flap to opposite side, sac then dissected out, ligated at base with catgut, and excised. Skin then sutured by this method is not in apposition to stump of sac. Wound then sealed with iodoform collodion and covered with elastic dressing. Child is in inverted position during operation to prevent escape of cerebro-spinal fluid. When, however, skin is attenuated over centre, an elliptical incision is made and skin brought together in median line.

A rule never deviated from by Dr. Senn, in carcinoma of the breast, is to open up the axilla.

Recently a young man, showing a diseased foot, came to Dr. Senn's clinic. From tarsus to extremities of toes swelling existed, and surface was studded with nodules from grain of wheat to a hickory-nut in size, red and showing superficial ulcers. Family history good, and patient had always lived in this country. Professor Hyde said it resembled a Madura foot, but diagnosed it as an unusual manifestation of tuberculosis. Dr. Senn agreed as to diagnosis, but, before operating, subjected a specimen to inoculation experiments upon guinea-pigs, resulting in a concurrence with a previous diagnosis.

Recently the Senior Class was given the practical exercise of suturing intestinal wounds, both longitudinal and transverse, using both Lembert's and Czerny's sutures. A foot of hog-intestine was given to each student, and the "sewing bee" began. Dr. Senn emphasized the point of making transverse sutures in all longitudinal wounds more than one-half inch in length; also, when transverse wounds extended to mesentery, to include mesentery in first Lembert suture.

The thronged clinics on children's diseases are evidence conclusive that the field is a special one. Patients are numerous, and Dr. Cotton has proven, upon a reasonable basis, that special study because of the physiological and anatomical differences between the adult and child is imperative. Not only Rush, but other Chicago schools have instituted chairs on children's diseases, which, according to a recent statement made in the columns of the Archives of Pediatrics, was a luxury enjoyed only by a very limited number of our eastern friends.

There is at the present time a case of pemphigus vegetans in the Presbyterian Hospital. The

first skin manifestations were on the head, extending to the ano-genital region, then to extremities—lower and upper—and body. The patient now presents blebs and fungoid papillomatous growths from a very small spot to areas larger than a silver dollar, and, in some places coalescing. Patient's mind is already somewhat affected.

A recent cablegram from Ludwig Hektoen, M.D., announces his acceptance of the position of Professor of Morbid and Histological Anatomy and Director of the Laboratories,—a most valuable addition to the Rush Faculty.

Prof. W. S. Haines and Frank Gould are seeking health in California.

Caps and gowns will be worn by the Senior Class this year for the first time.

As a rule, medical colleges have not manifested that spirit which is so characteristic of most institutions of learning where young life and ambition abound. While all claim—and a medical man still more, and for better reasons than others—that the intellectual part of man should not be cared for at the expense of the physical, nevertheless it is true that medical colleges have not in time past provided gymnasiums for their students. Changes and improvements are coming, however, and the larger number of college men in our medical schools is having a very marked influence along literary and athletic lines, and it is with pleasure that we make note of the many improvements along this line at Rush.

Three years ago the first issue of the *Corpuscle* was published, this being the first medical journal in the United States edited and issued by medical students. The journal has enjoyed an uninterrupted growth, and is now read by a very large number of Rush's seven thousand alumni, her eight hundred students, besides many not in any way connected with the institution, because of the excellence of its clinical reports. To the alumnus it is also of especial interest because of the Alumni Department, edited by Prof. J. M. Dodson, and the news of the college.

Last year the Class of '95 took time by the forelock, and were the first to publish a medical annual, which they name the *Pulse*,—a volume containing nearly three hundred pages, in which the sacred and profane blended.

Athletics have also taken a boom. Last year our base-ball team played with Chicago, Lake Forest, Northwestern, and Wisconsin Universities, being winners in the majority of the games. Last fall the foot-ball team made an enviable record, playing with teams of various western colleges. All of this spirit and enthusiasm is not without other results. Her base-ball team this spring starts forth backed by more

than a thousand dollars and an abundance of institutional spirit.

The recitation plan is growing rapidly in practice and favor, as is also the choosing of consulting staffs for clinics. Practical courses are increasing in number, and all things go to convince one that the methods of acquiring medical instruction are passing through an epoch and into an era that far surpasses the past.

Believing that the readers of "college notes" would be interested in the changes taking place in the medical-student life, we have added the foregoing to the clinical notes.

MEDICAL NEWS AND MISCELLANY.

M. LUCAS-CHAMPIONNIERE has been named officer of the Legion of Honor.

DR. A. J. STONE has been appointed Health Commissioner of St. Paul, Minn., to succeed Dr. H. F. Hoyt.

THE American Climatological Association will hold its next meeting at Hot Springs, Va., June 13, 14, and 15, 1895.

M. MOTET has been elected a member of the French Academy of Medicine in the Section of Public Hygiene and Legal Medicine.

APPOINTMENT.—Mr. Thomas Smith has been selected to succeed the late Sir William Savory as Surgeon-Extraordinary to the Queen.

AUSTRIAN SOCIETY OF OTOTOLOGY.—A society bearing the above title has been founded at Vienna, and will hold its meetings once a month.

CHANGE OF NAME.—The journal hitherto known as Food and the Journal of Balneology is now published under the name of Practical Medicine.

DEATH OF DR. D. HACK TUKE.—Dr. Daniel Hack Tuke, the celebrated alienist and author, as well known in this country as in Great Britain, departed this life on March 5th.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES.—The sixth annual meeting of the Association of American Medical Colleges will occur at the Rennert, Baltimore, Md., at 2 P.M., Wednesday, May 8, 1895.

DEATH OF A PROMISING YOUNG PHYSICIAN.—Dr. Halsey W. Foster, second son of Dr. W. S. Foster, of Pittsburgh, just three weeks after his graduation from the West Penn Medical College, died suddenly, after only three weeks' illness, aged 23 years.

RECENT BRAIN SURGERY IN ITS PSYCHOLOGICAL BEARINGS.—Under this title Dr. S. Millington Miller contributes an interesting

article to a late number of the Open Court. The writer describes the results of the studies of localization of cerebral function, and explains how our recently-acquired knowledge has enabled surgeons to successfully interfere for the relief of certain cerebral diseases.

DEATH OF DR. RUSCHENBERGER.—William S. W. Ruschenberger, M.D., Medical Director on the retired list with relative rank of Commodore of the United States Navy, died at his home in Philadelphia, March 24, 1895, in the eighty-eighth year of his age.

JOHANN HOFF'S MALT EXTRACT.—This preparation has been well known to the medical profession since its introduction in 1847. A recent combination put upon the market is Johann Hoff's Malt Extract and Iron and contains Gude's Pepto-Mangan in association with the Malt Extract.

RESIGNATION.—We learn from the University Medical Magazine that Dr. David Cerna, Class of 1879, formerly Demonstrator of Experimental Therapeutics and Lecturer on the same at the University of Pennsylvania, and more recently Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, has resigned from his positions in the latter institution, and will hereafter reside upon estates in Mexico, recently inherited by the death of his father.

ON THE ACTION OF LEVULOSE (DIABETIN) AND OF INULIN IN DIABETES MELLITUS.—From clinical observations and biological experiments Dr. Haycraft came to the following conclusions: 1. A patient suffering from chronic diabetes is capable of assimilating daily 50 grammes or more of levulose. 2. In many acute cases of diabetes a part of the levulose contained in the food is excreted as such, a part enters into the economy, and a part is converted into glucose. 3. In rabbits, glycogen is formed from levulose administered and accumulated in the liver.

TRANSLATED INTO CHINESE.—"Essentials of Obstetrics, Prepared Especially for Students of Medicine," by William Easterly Ashton, M.D., Professor of Gynecology in the Medico-Chirurgical College of Philadelphia, and published by W. B. Saunders, Philadelphia, has been translated into Chinese by Wan Tün Mo, of the Medical Missionary Society's Hospital at Canton, South China. The translator, in a letter to the author, states that the work has been found to be admirably adapted to the needs of the Chinese students.

THE Medico-Legal Society announces that it will hold a Medico-Legal Congress at or near the city of New York during the last week of August or first week of September, 1895 (time

and place to be hereafter announced), open to all students of medical jurisprudence, under the charge of a committee of arrangements, composed as follows: Ex-Surrogate Rastus S. Ransom, Chairman; Clark Bell, Esq., Secretary; George Chaffee, M.D., Treasurer; Moritz Ellinger, Esq.; Constantine J. MacGuire, M.D.; H. W. Mitchell, M.D.; and Prof. A. M. Phelps, M.D. An enrolling fee of three dollars will be required of each member, to aid in the expenses and the publication of the Bulletin of the Congress, to be sent each member free. A general invitation to all persons interested in the science of medical jurisprudence is extended, and members of the Society—active, corresponding, or honorary—who wish to enroll will forward their names and the enrolling fee to the secretary or treasurer. A considerable number of papers have already been secured, and the interest already taken in the movement warrants the expectation of a large and influential meeting of the friends and students of forensic medicine on the occasion. A formal and official circular will be issued later, and all persons contributing papers will please forward their titles to the secretary to enable proper classification to be made for the formal circular.

AMERICAN ACADEMY OF MEDICINE.—The twentieth annual meeting will be held in Levering Hall, Johns Hopkins University, Baltimore, Md., on Saturday, May 4, and Monday, May 6, 1895. Among those who have promised papers for this meeting are Drs. L. Duncan Bulkley, of New York; James W. Walk, of Philadelphia; Walter L. Pyle, of Washington, D. C.; George M. Gould, of Philadelphia; Bayard Holmes, of Chicago; J. McFadden Gaston, of Atlanta; W. J. Herdmann, of Ann Arbor; Henry Leffmann, of Philadelphia; and J. Madison Taylor, of Philadelphia.

COLLEGE OF PHYSICIANS AND SURGEONS OF MINNEAPOLIS.—At the commencement of this institution fourteen graduates received diplomas. The annual address was delivered by Dr. George C. Barton, Professor of Physiology of the College. His address was a very eloquent effort and one filled with advice and counsel for those just about to embark upon the tempestuous sea of active life in the great world. He reminded them of the three years of hard and faithful work which they had passed through before being prepared to enter upon the sterner duties of life, recited the work which had been accomplished by them during those three years of patient toil and study. In closing, he very eloquently painted the nobility of the medical profession, a profession which, he asserted, offered greater opportunities than any other. He earnestly urged them to live pure, noble, and consistent

lives; lives of noblest endeavor and ever-increasing reverence for man and nature and God; lives filled with acts of gentleness and humanity, which should live in the Book of Life forever. His address was a kindly blessing and a beautiful parting word to the class.

MEDICO-CHIRURGICAL HOSPITAL TRAINING-SCHOOL FOR NURSES.—The annual commencement of this flourishing school was held in the college amphitheatre, on the evening of April 9th. Music was rendered by Miss Mabel Moser, Mr. F. W. Babcock, Miss Kate Martin, and Miss Grace Miller, the Students' Quartette, Mrs. W. S. Hinder acting as piano accompanist. Prayer and benediction were by Rev. Dr. J. A. Lippincott. Diplomas were conferred by C. William Bergner, Esq., President of the Medico-Chirurgical Hospital. William S. Price, Esq., delivered the oration, and Mr. Dahls gave a recitation.

After the exercises, graduates of the school, members of the graduating class, and the pupil nurses received their friends in the Young Mens' Christian Association Rooms of the College. The graduates were: Henrietta Culp, Pennsylvania; Henrietta Dittmer, Pennsylvania; Lizzie Detweiler, Pennsylvania; Gertrude Gerhard, Pennsylvania; Anna E. Hartman, Pennsylvania; Mary J. Hunes, Pennsylvania; Anna King, New York; Eva Love, Pennsylvania; Addie Mackereth, Pennsylvania; Rebecca Wilson, Ireland.

The Committee on Training-School for Nurses consists of: C. William Bergner, Esq., Chairman (*ex-officio*); Ernest Laplace, M.D.; W. Easterly Ashton, M.D., Chairman.

COOPER HOSPITAL, OF CAMDEN, N. J.—The report of the Board of Managers for the seventh year of this useful institution informs us that during the year 499 patients were admitted and cared for in the wards and 2915 were treated in the Out-Patient Departments. The Hospital Training-School for Nurses continues to be very satisfactory. During the year four young ladies have completed their course of training and received certificates. The attending staff is constituted as follows: Medical—H. Genet Taylor, A.M., M.D.; A. M. Mecray, M.D.; W. A. Davis, M.D.; E. L. B. Godfrey, A.M., M.D. Surgical—Onan B. Gross, M.D.; Daniel Strock, M.D.; Joseph H. Wills, A.M., M.D.; Joseph L. Nicholson, M.D. Obstetrician—Dowling Benjamin, M.D. Ophthalmologist—William R. Powell, M.D. Pathologist—George Taylor Robinson, M.D.

In June last Dr. H. Genet Taylor was elected a member of the Board of Managers, to fill a vacancy.

Dr. Dowling Benjamin, who had served on the Attending Surgical Staff from the opening

of the hospital with great satisfaction to the managers and credit to himself, resigned that position in June last, and was elected Obstetrician.

The vacancy in the Surgical Staff was filled by the election of Dr. Joseph L. Nicholson to that position.

It being deemed advisable to open a special department for the care of diseases of the eye, Dr. William R. Powell was elected Ophthalmologist in July, and the wisdom of this course has been proved by the number of cases treated since that time, thus adding to the usefulness of the institution.

ISLAND MEDICAL DEPARTMENT OF JAMAICA.—We are in receipt of a supplement to the Jamaica Gazette, containing an elaborate report of the working of the Island Medical Department for the year ending March 31, 1894, accompanied by a report on the Public Hospitals of Kingston for the same period.

There had been no epidemic disease of importance on the island, except an outbreak of influenza, of which a full report is appended.

As regards yaws, Dr. Thomson, of Stony Hill, writes: "There have been a good many cases of yaws in the district. It is to be regretted that parents seem to think that it is necessary that their children should suffer from this disease."

Dr. Gifford, of Annotto Bay, says: "No case of yaws appeared for treatment, although the district is by no means free from this disease. The people appear to trust to time and so-called remedies. A sort of fatalism seems to have taken hold of the peasantry in connection with this matter. They expect all their children to have yaws at one time or another, and consequently take no measures whatever in the way of prevention and very little toward cure."

CAMDEN CITY DISPENSARY.—The Twenty-eighth Annual Report of the Board of Managers has just been issued. The officers of the Board are: President, Maurice Browning; Vice-President, Henry B. Wilson; Secretary, H. Genet Taylor, M.D.; Treasurer, Richard H. Reeve. From the report of the Chairman and Secretary of the Attending Staff, Dr. William R. Powell, we learn that during the year ending December 31, 1894, the number of cases treated at the dispensary was 2845, being an increase of 687 over the preceding year. The number of cases treated at the residences of patients was 636, making the total number treated 3481. The total number of visits made to the dispensary and residences was 9502.

CALF-CRAMP IN DIABETES.—Dr. Unschuld points out that diagnosis of diabetes is only made after the disease has lasted for a long

time. Years ago Unschuld called attention to three points which frequently mark the course of the disease, namely: (1) chronic catarrhs of the stomach, especially nervous dyspepsia; (2) certain disorders of sensation in the abdomen, partly explained as hysteria, partly as hypochondriasis; and (3) albuminuria. Since then he has had opportunity to see many hundred cases of diabetes and has found that one of the most frequent symptoms is cramps in the calf of the leg,—a symptom to which hitherto no attention whatever has been paid. These cramps usually show themselves in the morning on waking up or during the night, rarely during day-time. If such cramps are found in persons who, at the same time, complain of weakness and a tired feeling in the morning, the urine should at once be examined for sugar. The cramps seem to be in no connection with the etiological cause of the disease and are found in all forms of diabetes. They have no influence upon the course of the disease and usually disappear quickly on the patient getting up and by massage. The condition is essentially a topalgia found in neurasthenia independent of its etiology.—*Medical Standard*.

ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES.—The fifth annual meeting of this association will be held at Buffalo, N. Y., on May 21, 22, and 23, 1895. The officers of this year are: President, George M. Sternberg, Brigadier-General and Surgeon-General U. S. Army, Washington, D. C.; First Vice-President, Louis W. Read, Colonel and Surgeon-General, National Guard of Pennsylvania, Norristown, Pa.; Second Vice-President, Albert L. Gihon, Medical Director, U. S. Navy, Washington, D. C.; Secretary, Eustathius Chancellor, Lieutenant-Colonel and Medical Director, N. G. Missouri, 515 Olive Street, St. Louis; Assistant Secretary, Julian M. Cabell, Captain and Assistant Surgeon, U. S. A., Washington Barracks, Washington, D. C.; Treasurer, Lawrence C. Carr, Major and Surgeon, N. G. Ohio, 143 West Seventh Street, Cincinnati; Chairman Committee of Arrangements, Albert H. Briggs, Major and Surgeon, N. G. N. Y., 267 Hudson Street, Buffalo, N. Y.

The Citizens' Committee of Arrangements has provided an elaborate and pleasing programme for this meeting, and extends a cordial invitation to all members and prospective members to be present and participate in all the exercises, social as well as literary.

Among the papers which have been promised for this meeting are: "The President's Address," by Brigadier-General George M. Sternberg, Surgeon-General, U. S. Army; "Report on the Status of the National Guard," by Col. Nelson H. Henry, Assistant Surgeon-General, N. G.

N. Y.; "Experiments Illustrating the Degree of 'Powder-Burn,' as Modified by the Distance of the Object, Size and Conformation of the Bore, Amount and Standard of the Powder, and Other Practical Demonstrable Causes," by Louis A. La Garde, Captain and Assistant Surgeon, U. S. Army; "The Location and Removal of Missiles from the Cranial Cavity," by George R. Fowler, Major and Surgeon, N. G. N. Y.; "Ambulance Construction," by Dallas Bache, Colonel and Assistant Surgeon-General, U. S. Army, and by Charles R. Greenleaf, Lieutenant-Colonel, Deputy Surgeon-General, U. S. Army; "Conservative Surgery on the Battle-field," by Col. Nicholas Senn, Surgeon-General, Ill. N. G.; "The Relation of Concentrated Food to Active Service Demands," by Charles Smart, Major and Surgeon, U. S. A.; "The Handling and Care of Wounded on Shipboard," by A. C. H. Russell, Passed-Assistant Surgeon, U. S. Navy, by E. R. Stitt, Passed-Assistant Surgeon, U. S. Navy, and by A. M. D. McCormick, Passed-Assistant Surgeon, U. S. N.; "The Post Exchange from a Medical Stand-point," by Philip F. Harvey, Major and Surgeon, U. S. Army; "A Consideration of Scorbutic Manifestations in Young Subjects," by John C. Wise, Surgeon, U. S. Navy; "Asepsis in Military Service," by Eduard Boeckmann, Assistant Surgeon General, N. G. Minn.; "A Medical Officer in the Volunteer Army," by F. W. Byers, Surgeon-General, State of Wisconsin; "The Merriam Pack," by Louis Balch, Major and Surgeon, N. G. N. Y.; "Measures for the Prevention and Suppression of Dangerous Contagious Diseases in Garrison and in the Field," by H. Lincoln Chase, Lieutenant and Assistant Surgeon, M. V. M.; "The Effects and Treatment of Heat and Sunstroke at Camps of Instruction," by Orlando J. Brown, Lieutenant and Assistant Surgeon, M. V. M.; "The Mental Evolution of the Citizen Soldier," by Charles W. Galloupe, Assistant Surgeon, Battery A, M. V. M.

SOME SUGGESTIONS AS TO HOW TO MAKE AND SAVE MONEY.—Only a slight acquaintance with the medical profession is required to reveal a very serious defect in the business arrangements of a large number of that honored body. It has often been said that for the grade of talent employed and the time devoted to preparation, the financial returns of the medical profession are the poorest of any business-calling pursued by educated men. This is probably true, taking the profession as a mass. There are, however, happy exceptions, and, while they are by no means as frequent as all could wish, they are still sufficiently numerous to enter into consideration. In nearly every town there is some member of the profession who has acquired a handsome competence in the regular practice of his profession, although, we regret to say, he is

usually surrounded by other physicians who have not succeeded in laying by the desired nest-egg. Why is this thus?

Of course, the first requisite for making money is to get a practice, but as almost any physician of fair abilities and good habits, who attends to his affairs and can be relied on, is pretty apt to have a fair practice in a short time, success or failure to gain independence can generally be attributed to the *business habits* of the doctor.

Perhaps it is a reflection on the public, but it seems to be a very common impression that a doctor who is successful as a business man must also have the qualities to make him successful in his profession. It therefore would seem to be a safe position to take, that the more exact and methodical a physician is in the handling of his accounts, both as to charges and collections, the more his professional abilities will be respected by his patients and their numerous acquaintances, all of whom possibly may, at some time or other, become patients.

We therefore, from our experience with perhaps the major part of the physicians of the United States at one time or other, feel that we can advise every physician who would enhance his professional reputation to not only make his worth felt by the public in the matter of fairly-good charges for his services, but also in the careful attention to the collection of his accounts. Every one knows that a country merchant who keeps his bills collected up closely is more liable to command the respect of the community than another merchant who is careless and slovenly about such matters. We therefore earnestly advise every physician to consider his professional position assailable not only from technical errors in his practice, but from unsystematic business methods in handling his accounts.

Why should a physician wait indefinitely for his money? A doctor who is able to make his collections attends to his professional duties with a mind undistracted by business cares, and, if he is the recipient of a fair income, can supply himself with modern appliances and increase his usefulness among his patients to a large degree.

A few suggestions as to the making of collections: As most physicians get their revenues from people in moderate circumstances or from the poor, the installment method of collections should be applied generally. Of course, every doctor knows his own exceptions to this rule. A dollar here and fifty cents there, gathered systematically by a collector who is working on percentage, is probably the most practical method of making collections in the towns and cities. In the small country villages the doctor can best attend to such matters himself and should not allow any questions of delicacy to

keep him from collecting his accounts or getting them started at least while the service rendered is fresh in the mind of the patient. No one knows better than the doctor how hard it is for some people to pay for a "dead horse."

We believe that a little cultivation of business methods by the medical profession would be appreciated by the public at large and be greatly for the interests of all, and, as far as the doctors are concerned, in tens of thousands of instances prove the dividing line between a bare living with constant financial harassments and the acquiring of a competence and the means of passing a peaceful old age.

A NEW-STYLE DUEL.—The British Medical Journal thus describes a wonderful incident taken from a French novel: A curious account of the latest application of antiseptic surgery in dueling occurs in a recent number of the *Revue de Paris*, in the novel entitled "L'Enfant de Volupté." The combatants enter a room in a house situated in the suburbs of Rome, and there find two surgeons busied in disinfecting the blades of the swords with a solution of carbolic acid in water, the odor filling the room. There is a table covered with bandages, dressings, vessels of carbolized water, and cases full of little, glittering instruments of steel. The rivals strip to the waste, and the fight begins outside. One of them is wounded in the forearm, but so slightly that no dressing is required, and the duel is about to be continued when the unwounded man inadvertently touches the ground with the point of his weapon. A surgeon instantly rushes forward with a sponge saturated with carbolic water and disinfects the blade afresh. In the next bout the same man is struck under the right nipple, but the point has touched a rib, which prevents it from penetrating. The surgeons then make pressure on the little wound, wash it with an antiseptic, put on a bit of pure strapping, and allow him to go on. In the last round the wounded man strikes his adversary full in the chest, and he falls back into the arms of his second. Presently the senior surgeon announces "penetrating wound of the chest at the level of the fourth left intercostal space, involving the surface of the lung." Perhaps, in another encounter, the novelist may advance a step farther, have the candidates thoroughly scrubbed and disinfected overnight, and then dispatched to their place of meeting in sterilized shirts.

ADULTERATING OLIVE-OIL WITH CASTOR-OIL.—Olive-oil is found to be frequently adulterated with castor-oil. It is even claimed that the olive, especially if it has become strong-smelling or rancid, is improved by the addition. As much as 20 per cent. of the adulterant may be added

without detection. "An Italian expert," says Food and Sanitation, "claims its presence may be discovered by taking 10 cubic centimetres of the suspected oil, mixing it with half its volume of hydrochloric acid, and then shaking them together in a test glass graduated to 0.1 cubic centimetre. If any castor-oil is present the liquid will separate, on standing, into three well-defined layers, the lowest of which will be the hydrochloric acid, the top the olive, and the middle the castor-oil. This test may also be used with sesame-, cottonseed-, colza-, earthenut-, and linseed-oils."—*Journal of the American Medical Association.*

FATAL CASE OF GONORRHOEA.—Arthur Loxton writes as follows to the British Medical Journal: Early in March last I was consulted by C., a waiter, concerning a gonorrhœa he had contracted some week or ten days previously. I prescribed the usual remedies, and urged him to abstain entirely from all forms of alcohol and to rest as much as possible. He was under treatment for three weeks without any improvement, and began to show signs that his malady was debilitating him more than is usual in these cases. Notwithstanding my repeated warnings, and his assurances to the contrary, I afterward discovered he had persistently continued to take alcohol, because he felt so depressed.

On March 26th he was engaged at a wedding reception, and, in company with the other waiters celebrated the occasion "not wisely, but too well"; in fact, returned home helplessly intoxicated.

On the morning of March 28th he came to my consulting-room and said he feared he had taken cold, for he had had several shivers and had pains in his head and body generally. He had also vomited, but this he attributed to his alcoholic excess. His pulse was 120, temperature 101° F., tongue dry, and discharge diminished in amount; but micturition was very painful. I advised that in my opinion his symptoms were not due to cold, and that he must instantly go to bed. This he did not do.

On March 31st I was called to see him at his home. He lay in bed on his back, with a most anxious expression of face; he spoke with difficulty, and was almost helpless. The pulse was 150, temperature 103° F., and the respirations 50. His night-shirt was saturated with perspiration, his breath smelt sweet, and his tongue was brown, dry, and parched, and with difficulty could be protruded from his mouth; he had slight diarrhœa and the urethral discharge was entirely suppressed. I examined him carefully, but could discover no evidence of implication of any organ. He rapidly developed a typhoid condition and died in the morning of April 3d.

This, in my opinion, is a case of acute septicaemia due to absorption of septic material from an uninjured inflamed urethra. No bougie was passed. Apparently he had not abraded the mucous membrane with his syringe, for I inspected carefully with negative result. He had some lymphangitis of the dorsum penis, but his inguinal glands were not painful. I could elicit no knowledge of any injury whatever. Post-mortem examination was refused.

A HAPPY OCCASION.—Dr. and Mrs. F. W. Frankhauser, of Reading, Pa., celebrated their crystal wedding on April 10th.

LYCOMING COUNTY MEDICAL SOCIETY.—The annual meeting of this society was held April 2d. Officers were elected for the ensuing year, and the meeting was addressed by Prof. Ernest Laplace, of Philadelphia.

A NEW LABORATORY.—The H. K. Mulford Company opened on April 3d, for the inspection of the profession, a bacteriological laboratory where diphtheria antitoxic serum and allied products are being prepared. The laboratory is situated at 3907-11 Egglesfield Street (Thirtieth Street and Girard Avenue), Philadelphia.

THE AMERICAN PHARMACEUTICAL ASSOCIATION.—The Council has, by vote, named Wednesday, August 14, 1895, for the next meeting of the American Pharmaceutical Association, which is to be held in the city of Denver.

MEDICAL ASSOCIATION OF GEORGIA.—The forty-sixth session of the Medical Association of Georgia was held in Savannah on April 17th, 18th, and 19th.

DONATION.—The Buffalo General Hospital has received the gift of \$55,000, which is to be applied in the building of a new structure. This royal donation was made by four of Buffalo's most philanthropic women. Mrs. George B. Gates contributed \$40,000 of the amount, and her three daughters—namely, Mrs. William Hamlin, Mrs. Charles W. Pardee, and Miss Elizabeth Gates—each added \$5000 to the sum.

NATIONAL ASSOCIATION OF RAILWAY SURGEONS.—The Annual Meeting of the National Association of Railway Surgeons will be held at Chicago, on May 1, 2, and 3, 1895, under the presidency of S. S. Thorn, M.D., of Toledo, Ohio.

ANOTHER JUBILEE HOSPITAL.—The medical profession of Vienna proposes to commemorate the fiftieth year of the reign of the Emperor, Francis Joseph of Austria, by the foundation of a hospital for children with a capacity of 1000 beds. The Emperor succeeded to the throne in 1848; it is doubtful, therefore, whether this gigantic monument may be realized to mark the fiftieth year of his reign; but there is much en-

thusiasm for the project and its completion is confidently anticipated.—*Journal of American Medical Association.*

BEQUESTS.—By the will of the late Moses Kimball the New England Hospital for Women and Children receives \$21,000; the Massachusetts Charitable Eye and Ear Infirmary and the Boston Dispensary are each to have \$5000. A number of homes and charitable societies are also remembered.

DEGREE CONFERRED.—At the commencement of the University of Louisville the degree of Doctor of Laws was bestowed upon D. W. Yandell, M.D.

CONGRESS OF TUBERCULOSIS IN PORTUGAL.—A national Congress of Tuberculosis was held at Coimbra, Portugal, on the 24th of March, the anniversary of the communication in which Robert Koch announced the discovery of the bacillus tuberculosis.

DEATH OF DR. SOMERS.—Dr. Job Somers, one of Atlantic County's most widely-known physicians, died at his home in Linwood, N. J., on April 8th, of double pneumonia.

MENTAL DISTURBANCE FROM IODOFORM.—In the *Neurologisches Centralblatt* there is the abstract of a curious case recorded by Dr. Oldenburg. A female patient aged 51, who had suffered from epileptic attacks from the age of 20, but in the intervals between the attacks had been quite healthy and not psychically peculiar, injured her hand in a fit and was treated with a 10-per-cent. iodoform ointment. Twelve days later she became excitable, restless, and confused, and by and by had hallucinations. The urine gave a distinct iodine reaction. When admitted to hospital she talked incessantly, would not answer questions, could scarcely be kept in bed, and complained of plots and persecution. The restlessness increased and the patient became cyanotic. The urine contained albumin, but gave a very slight iodine reaction. She then remained quiet for a few days, but became again demented, after which she had another period of quietude followed by another outbreak, which, however, subsided, so that she was then able to be discharged. Dr. Oldenburg thinks the condition cannot be regarded as a post-epileptic mental disturbance, because of the interval that elapsed between the last attack and the onset of mental symptoms. He thinks it was determined by the iodoform poisoning acting upon a nervous system predisposed by epilepsy to grave disturbance.—*Lancet.*

THE LIQUEFACTION OF HYDROGEN ACCOMPLISHED.—Under the combined influences of great pressure and intense cold, hydrogen has at last surrendered and been liquefied. The means by which this has been effected have, of

course, been at the disposal of the physicist and chemist for many years, but Professor Olszewski, of Cracow, who, it may be remembered, also liquefied argon and examined its properties, has been the first to succeed in obtaining liquid hydrogen in tolerable quantity, since he has been able, we learn, to give two constants in regard to it. Thus it is announced that its critical point—the temperature at which it passes from a liquid to the condition of vapor—is -233°C ., and its boiling-point at normal pressure is -243°C . It is well known that hydrogen has hitherto most strenuously resisted all attempts at liquefaction, and the fact of its obduracy in this respect, though in other respects it is most tractable, having now been overcome, removes the only gaseous element known to us which has not been liquefied. Until, therefore, more attenuated gases even than hydrogen are added to the list of chemical simplicities no further discoveries on this particular line of research can be hoped for. Meanwhile a detailed communication from Professor Olszewski on his very important discovery, which has just been announced, will be awaited with keen interest.—*Lancet*.

FOREIGN UNIVERSITY INTELLIGENCE.—Florence: Dr. Tamburini, of Modena, has been appointed Professor of Clinical Psychiatics; Dr. Roster has been promoted to the Ordinary Professorship of Hygiene. Jena: Dr. H. Haeckel, *privat-docent* in Surgery, has been appointed Professor. Lyons: Dr. Augagneur has been appointed Professor of External Pathology. Pavia: Dr. Mangiagalli, of Catania, has been appointed Professor of Midwifery and Gynecology. Naples: Dr. Pedicini has been recognized as *privat-docent* in Medical Pathology, and Dr. Farena as *privat-docent* in Medical Chemistry. Prague (German University): Dr. Wölfler, of Gratz, has been appointed to the chair of Clinical Surgery in succession to Dr. Gussenbauer. Bohemian University: Dr. Pesina has been recognized as *privat-docent* in Pathology and Therapeutics. Vienna: Dr. Julius Schnitzler has been recognized as *privat-docent* in Surgery. Palermo: Dr. Gius Chiarleoni, Professor of the Faculty of Medicine of Catania, is appointed ordinary Professor of Clinical Obstetrics. Parma: Dr. Aug. Corona, Professor in the Faculty of Medicine of Sassari, is named Professor Ordinarius of Physiology.—*Lancet*. Prague (Bohemian University): Dr. V. Janovsky, Professor Extraordinary of Dermatology and Syphilography, is appointed Professor Ordinarius.—*Le Progrès Médical*.

THE PHILADELPHIA PATHOLOGICAL SOCIETY.—At the semiannual conversational meeting, held on Thursday, April 25th, at 8.15 P.M., in the hall of the College of Physicians, Northeast Corner

Thirteenth and Locust Streets, Dr. George Dock, of the University of Michigan, delivered an address entitled "Trichomonas as a Parasite of Man."

MR. HERBERT W. ALLINGHAM has been elected Assistant-Surgeon to St. George's Hospital.

DONATION BY A PHYSICIAN.—The Ohio Wesleyan University has received a gift of \$50,000 from Dr. Charles E. Slocum, a physician of Defiance, O., for the purpose of enabling that institution to erect a fire-proof library building.

THE Medical Society of the Missouri Valley met at Sioux City, Iowa, March 21, 1895.

DEATH OF DR. SEMPLE.—Dr. C. E. Armand Semple, Secretary of the Society of Apothecaries of London, recently passed away at the age of 50.

CHAIR OF SURGERY, ANDERSON'S COLLEGE, GLASGOW.—Dr. James Dunlop, who has for so long occupied the Chair of Surgery in Anderson's College, Glasgow, has been compelled to retire on account of ill health, and the Governors have appointed Dr. T. Kennedy Dalziel, who has for some time lectured there on medical jurisprudence, to fill the vacancy.

DR. JOS. M. MATHEWS, of Louisville, made the address before the Marion-Sims Medical College of St. Louis, Mo., on the 19th inst., at their regular commencement.

THE Astley Cooper prize of £300 will be awarded to the author of the best essay on diseases of the joints produced by syphilis and gonorrhoea. Essays, in English or accompanied by an English translation, should be sent to Guy's Hospital, London, before January 1, 1898, accompanied by the usual motto and sealed envelope. For further particulars, address Dr. Hale White, 65 Harley Street, London, W.

ANTITOXIN NOT THE CAUSE OF DEATH.—In consequence of a sudden death which occurred in Brooklyn after the use of Behring's antitoxin, samples from the same lot were examined by Dr. E. H. Wilson, chief bacteriologist of the Brooklyn Health Department, and Dr. W. H. Park, assistant director of the bacteriological laboratory of the New York City Board of Health. Injections of excessive quantities were also made into guinea-pigs and rabbits without producing any deleterious effect. Both Dr. Wilson and Dr. Park express the opinion that the unfortunate result cannot be attributed in any way to the antitoxin which was employed.

THE DISCOVERY OF HELIUM.—After the Faraday Medal had been presented to Lord Rayleigh, at the annual meeting of the Chemical Society, on Wednesday, the 27th inst., his co-worker in the discovery of argon, Professor

Ramsay, was called upon to speak. He announced that, in his endeavors to discover a compound of argon, he had experimented with a rare earth,—cleveite, we believe,—which was said to yield nitrogen when acted upon by sulphuric acid. Instead of nitrogen, argon was evolved, but associated with it was some strange gas. On examination this turns out to be helium, the lightest of all the possible elements, whose existence, apart from the demands of chemical theory, had only been inferred from the line D₃ in the solar spectrum. It is the first of all the elements, for below this comes the hypothetical "protyle,"—that pre-elementary cosmic stuff from which all the elements are supposed to have condensed. Although this small quantity of helium was only found a few days ago, its existence has been confirmed by Professor Crookes, who has identified its spectrum, of which the most powerful line is that at a wavelength of 587.47 micromillimetres. This line is almost identical with the well-known yellow sodium lines, and at first Professor Crookes thought that he had to deal with these, but all the magnifying power at his disposal was incapable of separating the lines into two, and careful measurement confirmed the suggestion that the line was no other than the D₃ line in the solar spectrum, attributed to an unknown element, provisionally termed helium. A more remarkable vindication of our chemical theories than this it would be difficult to find, and Dr. Ramsay is to be congratulated deeply on this fresh addition to our knowledge and to his own laurels. —*Lancet*.

COMPARATIVE VALUE OF THE CODLIVER-OIL PREPARATIONS.—In a paper on this subject, in the New England Medical Monthly, Dr. John J. Berry, of Portsmouth, N. H., concludes: "For the reasons above noted, many have advocated the use of pure codliver-oil as the ideal form for administration. But even here we are confronted with many and diverse preparations, each of which is supposed to possess peculiar and decided curative properties. There are many grades of such oils, from the standard and reliable preparations, like Burnett's, which have not been subjected to chemical manipulation, down to those which are colorless and almost tasteless, and from which have been abstracted many important ingredients. It is more than probable that the curative properties of codliver-oil lie not in the oil itself, but in the leucomaines and crystallizable substances which enter into its composition. Hence, we may feel confident that in the best grades of pure and unmodified oil we are giving the best, and, provided the patient can assimilate it, the one which will give the most satisfactory results.

"Experience has shown that no remedy pos-

sesses so wide a field of usefulness as this, and that its value is dependent upon certain active principles existing in the same. Hence, it is very important that the physician should know just what he is administering and should be able to familiarize himself with the exact composition and mode of preparation of the oil or compound which he prescribes."

DIABETES MELLITUS AND ITS PREVENTION.—Under this title an elaborate paper was presented by Dr. K. C. Bose before the Indian Medical Congress. The value of diet, climate, and exercise is dwelt upon by the writer. He states that antipyrin moistens the skin, reduces the frequency and specific gravity of the urine, and promotes sleep, but must not be given where there is the slightest suspicion of Bright's disease.

Pilocarpine is another remedy which has been given to diabetic patients with considerable advantage. One-fourth of a grain of pilocarpine would keep the tongue and the mucous membrane of the mouth soft.

Opium when given internally by the mouth has a decided effect upon the oversecretion of urine and its specific gravity. But opium when given hypodermatically to a case of diabetes, fails to give any relief.

Sulphonal, if judiciously given, will surely bring on sleep which has been denied to a diabetic patient. It reduces the frequency of urine, but does not in the slightest degree affect the quantity of sugar.

Assafoetida is another thing which needs mention. In chronic cases of diabetes, where a patient complains of a sense of sinking depression over his stomach, assafoetida, either alone or combined with nucis vomica, may be given with considerable advantage.

The writer appends to his communication a tabular statement of 250 cases. The following is a summary: With albumin, 56 cases; with trace only of sugar, 18 cases; with below 1 grain of sugar, per ounce, 3 cases; with sugar only, 173 cases. Total, 250 cases. Sex: Males, 250; females, *nil*. Total, 250. Race: Hindoos, 231; Mahomedans, 2; Europeans, 17. Total, 250.

PARAPLEGIA DURING VARIOLA.—Auche reports a case in which the patient was stricken with paraplegia and died of variola. Autopsy revealed the presence of streptococci and especially of coli bacilli in the medulla. The paraplegia was explained by the production of extensive myelitis due to these microbes. —*Medical Standard*.

DR. MARJOLIN, Honorary Surgeon of the Paris Hospitals and Associate of the French Academy of Medicine, died in Paris recently, at the age of 83.

BOOK REVIEWS.

The International Medical Annual and Practitioner's Index. A Work of Reference for Medical Practitioners. 1895. Thirteenth Year. New York: E. B. Treat. Price, \$2.75.

Within this volume of moderate size the reader will find much valuable information collected and condensed from various sources. The quality of the work is guaranteed by the names of such contributors as Fancourt Barnes, William H. Elam, E. Hurry Fenwick, T. Colcott Fox, F. Dundas Grant, W. Arbuthnot Lane, H. P. Loomis, Hector W. G. Mackenzie, John Ridlon, M. Armand Ruffer, W. Gilman Thompson, and others equally well known. After a short article on therapeutic progress for 1894, we find a brief description of various new remedies concerning which reports have been made during the year. Prof. Alfred H. Carter furnishes an excellent account of antimicrobial treatment as applied to diseases of the alimentary canal and respiratory passages. Part II contains a compendium of new methods of treatment in medicine and surgery, the diseases being classified alphabetically. This constitutes the largest portion of the work, has been carefully prepared, and references to the authorities accompany each section. A practical compend of this kind will be found of great use. M. Armand Ruffer writes a short but valuable paper upon the treatment of diphtheria by antitoxin serum. The method of preparing and using the serum is described, and a favorable opinion is expressed as to the results. Part III includes a paper on "Sanitary Science," by Joseph Priestley, and one upon the "Progress of Pharmacy," by F. W. Koch. A work of this kind, consulted in connection with the periodical medical literature of the year, cannot fail to be useful to the practitioner.

A Manual of the Modern Theory and Technique of Surgical Asepsis. By CARL BECK, M.D. With 65 Illustrations in the text and 12 full-page Plates. Saunders's New Aid Series. Philadelphia: W. B. Saunders, 1895. Price, \$1.25, net.

An important subject well treated, without unnecessary verbiage, renders Dr. Beck's work one that can be recommended to that numerous class who desire conscientiously to avail themselves, in their daily practice, of the revolutionary improvements and changes in technique and applications which have followed the development of bacteriology, and to gain an appreciation of its relations to wounds, inflammations, and infections. The author has set before himself an object in which he has well succeeded,—viz., that of describing the methods for securing asepsis, which procedures cannot, perhaps, be ade-

quately explained in the large, systematic treatises on surgery. His work is founded upon his own experience in hospital practice and teaching in the New York Post-Graduate School. The author presents his subject clearly, the typography and illustrations are excellent, and the volume will take rank as one of the best of the series.

Book of Detachable Diet-Lists for Albuminuria, Anæmia and Debility, Constipation, Diabetes, Diarrhœa, Dyspepsia, Fevers, Gout or Uric-Acid Diathesis, Obesity, Tuberculosis, and a Sick-Room Dietary. Compiled by JEROME B. THOMAS, A.B., M.D., Assistant Bacteriologist Brooklyn Health Department, etc., etc. Philadelphia: W. B. Saunders, 1895. Price, \$1.50.

Dietetics is as important as medication in the treatment of disease. Not infrequently the former is of more importance. The value of strict attention to diet in chronic disease cannot be overestimated. The careful preparation of diet-lists is of decided assistance in the effort to influence disease by the nature of the aliments taken. This fact constitutes the value of Dr. Thomas's book. The blanks, which are easily detached, specify for each disease an ample number of foods which the patient may take and enumerate those which must be avoided.

Text book of Diseases of the Kidneys and Urinary Organs. By PROFESSOR DR. PAUL FUERBRINGER, Director of the Friedrichshain Hospital, Berlin, etc. Translated from the German with Annotations by W. H. GILBERT, M.D., Physician in Baden-Baden, with Commendatory Letter from SIR THOMAS GRAINGER STEWART, M.D., F.R.S.E. In two volumes. Vol. I. London: H. K. Lewis, 1895.

The eminence of Professor Fuerbringer and the special attention which he has given to diseases of the genito-urinary system will render this well-performed translation acceptable in England and America. The present volume is devoted exclusively to medical affections and in its size furnishes a pleasing contrast to the writings of many German authors who, in their desire to be thorough, become prolix. The significance of albuminuria is well explained by the author, who discourages the application of exceedingly delicate tests. Practitioners are recommended to adopt, as much as possible, the old and reliable procedures of testing for albumin, and should not trouble themselves about small, unimportant hazes, but only reckon with decided deposits, which even at first sight show their importance. The meaning of blood and blood-globules in the urine is clearly explained and the causes of dropsy are considered, although it is admitted that the pathogenesis of renal dropsy is not yet fully and satisfactorily explained. The various theories of the origin of uræmia are

briefly discussed, and the author concludes that what we nowadays term uræmia is a collective clinical name, that uræmia is an "overloading" of the blood with urinary substances ensuing from a pathological disproportion between formation and excretion; therefore, a form of auto-intoxication. Whether urea, potash salts, or alkaloids play the chief part cannot yet be decided, and is also of secondary importance. The description of the medical diseases of the kidneys is good, and the work is one which will well repay perusal.

Medical Gynæcology. A Treatise on the Diseases of Women from the Standpoint of the Physician. By ALEXANDER J. C. SKENE, M.D., Professor of Gynæcology in the Long Island College Hospital, etc., etc. With illustrations. New York: D. Appleton & Company, 1895.

The conspicuous change, the tremendous advance achieved within the domain of gynæcology by the adoption of aseptic and antiseptic surgical methods, has, within the space of two decades, almost led practitioners to forget that medical means had any place in the management of women's diseases. The ready and confident resort to operative surgery and the efforts of pupils to follow in the paths of their teachers are doubtless responsible for much and needless intervention in these affections. As the author of this work justly remarks, however, unreasonable devotion to either medicine or surgery is wrong. Dr. Skene believes that there is now room for a new work on the medical branch of gynæcology. A most important part of the present work treats of the proper method of caring for the health of young girls in order to avoid uterine-ovarian difficulties. The succeeding two parts of the work deal, respectively, with the diseases incident to the period of active functional life and to the menopause and advanced years. The writer constantly endeavors to define the boundary-line between medicine and surgery, so that each may be thoroughly understood and employed. That he is competent to thus draw the line results from his acquaintance both with surgical and medical modes of treatment, and a calm judgment which permits him to view more than one side of a subject. The author's style is lucid, the work is well-issued, and is admirably fitted to answer a good purpose.

Transactions of the Antiseptic Club. Reported by ALBERT ABRAMS, a Member of the San Francisco Medical Profession. Illustrated. New York: E. B. Treat, 1895.

The Transactions of the Antiseptic Club are interesting reading. The parody upon excessive and ostentatious antiseptic methods is well executed. The sketches of Dr. Sartorius, Dr.

Longus Colli, Dr. Abductor Indicis, etc., are cleverly done, and the little work will serve to pass away agreeably an occasional odd half-hour. As Dr. Sartorius magisterially remarks, "A little nonsense now and then is relished by the wisest men."

Antisepsis and Antiseptics. By CHARLES MILTON BUCHANAN, M.D., Professor of Chemistry, Toxicology, and Metallurgy, National University, Washington, D. C. With an introduction by PROF. AUGUSTUS C. BERNAYS. The Terhune Company, publishers of medical books, Newark, N. J., 1895.

The subjects under discussion in this volume are divided into nine chapters. Beginning with an historical description, the author, after considering "The Products of Vital Cellular and Bacterial Activity," takes up the questions of infection, susceptibility, and immunity. The chapter on "Antiseptics and their Relative Value" is carefully considered, and contains much of value. The practical use of antiseptics in surgery and obstetrics is thoroughly reviewed by the writer, who has added greatly to the value of the book by giving a fine description of the methods of sterilization in use by various surgeons.

This little volume should have a ready sale, as it is thoroughly practical and modern.

CURRENT MEDICAL LITERATURE.

Biographical Sketch of Prof. John M. Scudder, M.D.

Extrait des Comptes rendus des séances de la Société de Biologie. (Octobre, Novembre, Décembre, 1894.) M. Ch. Féré. Un fait pour servir à l'histoire des bouffées de chaleur et des rougeurs morbides.

Kola. Illustrated. Johnson & Johnson, Publishers, New Brunswick, N. J., 1895.

Radical Treatment of Hernia, with 100 Tabulated Cases. By John B. Deaver, M.D., Philadelphia.

Chicago Summer School of Medicine, Chicago, Ill. Regular Session, opening March 6th and closing September 4th. Announcement, 1895.

Hygiene of the Anus and Contiguous Parts. By J. Rawson Pennington, M.D., Chicago, Professor of Dermatology, Syphilology, and Diseases of the Rectum in the Chicago Summer School of Medicine, etc.

The Indications and Nature of Treatment in Severe Abdominal Injuries and Intra-abdominal Hæmorrhages Unaccompanied by External Evidence of Violence. By John B. Deaver, M.D., Professor of Surgery, Philadelphia Polyclinic, etc.

COMMERCIAL NEWS.

PRACTICE FOR SALE.

I have an unusually desirable location, delightful residence and surroundings in the most beautiful part of the State of Maryland. Practice pays about \$2000; no competition. Fish, crabs, and oysters landed within a hundred feet of the house. Fine agricultural country; healthy, vigorous, salt-water location. Low price; easy terms. For further particulars mention this journal and address George J. Meekins, Cambridge, Md.

MISS KATE FIELD, editor and owner of Kate Field's Washington, of Washington, D. C., a paper devoted to the cause of temperance, stated in a recent speech that the prohibition laws, as enforced in the several States, were not promoting the temperance cause, and her advice would be to make a moderate allowance of mild beverages. In her estimation this would help the temperance cause more than prohibition laws. Miss Kate's head is level, and as to mild drinks we recommend Anheuser-Busch Brewing Association's beer.

MESSRS. BRINTON & BROSIUS.

GENTLEMEN: I have been using your Lithiated Vichy, in siphons, for the past two or three years, quite extensively, and have found it carefully prepared and uniform in its excellence.

In my own person it acts as an efficient prophylactic against a somewhat decided rheumatic diathesis, in doses of two or three glasses daily. I have it in use, also, among numerous patients with a similar tendency, and find it grows in favor with continued use.

As an adjuvant to other treatment in subacute gout and rheumatism and also in lithiasis, I esteem it highly.

Yours very truly,

J. B. WALKER, M.D.

PHILADELPHIA, April 18, 1895.

PRICE REDUCTION.

Schering & Glatz inform us that, until further notice, the price for Diphtheria Antitoxin-Schering (Dr. Aronson's) will be \$1.50 per 5-cubic-centimetre vial; this price will include packing, postage, and insurance or expressage on all parts of the United States and Canada.

MICROSCOPES.

For more than forty years Joseph Zentmayer, of No. 209 South Eleventh Street, Philadelphia, has been one of the leading manufacturers of microscopes and mechanical accessories in America, if not the world. There are but few men in active practice who are not familiar with his marvelously accurate instruments. He has just issued the fifteenth edition of his illustrated catalogue, which includes everything appertaining to microscopes, slides, and optical apparatus, copies of which he will be pleased to send free to any physician sending his address and at the same time mentioning this journal.

CATARRHAL AFFECTIONS.

An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the spray apparatus, douche, or syringe, is prepared as follows:—

R. Acidi boracici, . . .	3j.
Sodii boras, . . .	3j.
Sodii chloridi, . . .	3ss.
Listerine, . . .	3ij.
Aquæ puræ, . . .	3vj.—M.

REMOVE THE CAUSE.

If your patient is pale, weak, nervous, irritable, and losing flesh, he is suffering from malnutrition, "caused by" indigestion and malassimilation; remove the cause by giving 2 fluidrachms of Seng before each meal.

DR. CHAUNCY STEWART, of Allegheny City, Pa., has used Iodia very extensively in his practice, and regards it as the "ideal alternative—the *sine quâ non*—in the treatment of syphilis, scrofula, and all diseases arising from syphilitic contamination or a strumous diathesis. Iodia has this advantage over mercurial treatment in syphilis: when the patient does get well, he is well. He is not tortured with mercurial rheumatism nor made to blush through the syphilitic blossoming of his face in after years. He is well. Unlike the long-continued use of other alteratives, Iodia does not reduce and debilitate the constitution, but invigorates and restores the vital powers and enables the patient at all times to continue in the discharge of his vocation."

DISSOLVED in the "Wine of Codliver-Oil" (Stearns) are the active principles of codliver-oil, to the exclusion of the oil itself—a state-

(Continued on advertising page 18.)

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A Powder:—Prescribed in the same manner, doses and combinations as Pepsin.

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"The results which I have obtained in my dispensary for sick children, together with my private cases, have been extremely satisfactory. In fact, I have treated various cases of dyspepsia in which the patients, fully prostrated and without power to digest their food, have—thanks to the use of Ingluvin—been rapidly cured.

"In the case of 'apepsia,' or loss of appetite, in children, accompanied with diarrhoea, I have obtained good results from the use of Ingluvin, which therapeutic agent is extracted by the house of Warner & Co. from the stomach of the chicken.

"I have also found Ingluvin useful in the organic complaints of the stomach, and in the indomitable vomiting and painful dyspepsia to which women are subject during pregnancy. I have employed the agent, moreover, in the convalescent state of many patients, when I have not only noted the alteration of the gastric secretions, but of the extreme instability of the stomach.

"I have not the least doubt that the Ingluvin, of which you have the sale in Spain, will, in a short time, become a substitute for pepsin on account of its being more active than the latter; but, as is only logical, you should obtain a rapid result by bringing this preparation to be known in all Spain by the opportune measures you usually adopt.

"Hoping you will have the justice to manifest to the manufacturer the results I have obtained with Ingluvin, I am, &c.

DR. F. VIDAL SOLARES, Barcelona, Spain.

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VINO-KOLAFRA.



CONTAINING all of the active constituents of FRESH KOLA NUTS (Tonic, Stimulant, Carminative, Aphrodisiac), which are extracted by an original process, beginning in the very habitat of Kola. VINO-KOLAFRA is a true Restorative Tonic, in a most effective and agreeable form, and one possessing marked advantages over the ordinary tonic wines of Coca, &c. It produces no after effects, can be borne by the stomach, and continued as long as required.

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Containing 1 gr. Papoid 4 grs. Solid Extract Kola.

Carikola Tablets combine the Tonic, Stimulating, and Starch-converting properties of fresh Kola, in concentrated form, with the digestive power of Papoid.

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ment which a somewhat extended examination has, to some extent, confirmed. Thus, on extracting the wine with ether and carefully treating the ethereal extract (which is an oily, brown, resinous body, having a peculiar fishy smell) with a strong sulphuric-acid solution of glucose, the beautiful purple reaction characteristic of biliary constituents is obtained. The same reaction is effected when the extract used in the preparation of the wine is similarly tested, but to a more marked degree. Recent investigation has led to the isolation of several distinct bodies in codliver-oil, notable amongst which are the alkaloids aseline and morrhaine, in association probably with morrhucic, formic, butyric, and phosphoric acids. These principles have been tested clinically, and the results formed the subject of an exhaustive report by Gautier and Mourgues in the *Journal de Pharmacie*, March, 1890, who concluded that the combined active principles of codliver oil act as powerful stimulants of nutrition and assimilation, and show definitely the nature of the principles to which the oil, to some extent, owes its valuable medicinal properties. The wine evinces an acid reaction, is alcoholic, and contains also peptonate of iron.—*The Lancet*, London, Eng., July 7, 1894.

WALKER PHARMACAL COMPANY,
St. Louis, Mo.

GENTLEMEN: Please send me a sample of Pincoline. I have used Phytoline and believe it is the best and about the *only* medicinal remedy that will reduce a surplus of adipose tissue. I gave it to a lady patient weighing 200 pounds; reduced weight 26 pounds in four weeks; at the same time gave entire relief to a train of hepatic, gastric, and rheumatic symptoms, that had long made the patient's life miserable.

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WALTER W. S. CORRY, M.D., L.R.C.S.,
I. and C., Rosedale Abbey, Pickering, York-
shire, England, writes:—

"I have used Iodia, and am satisfied that it is a very powerful alterative, and a great improvement on the old combination of iodide of potassium and sarsaparilla, the latter drug itself being most doubtful in its effects, while the preparation is valuable also as a diuretic, a thing of no small consideration in most of the diseases in which it is indicated."

I HAVE derived the most satisfactory results in all nervous troubles from the use of Peacock's Bromides. I frequently prescribe it, and I invariably do so when bromides are indicated, since I am certain to get permanent results.

FREDERICK G. MOORE, M.D.

88 W. DEDHAM ST., BOSTON, MASS.

In the after-treatment of a case where an "Operation for the Relief of an Impermeable Occlusion of the Esophagus of Five Years' Standing" had been performed, which operation was reported at length in the *New York Medical Journal* of March 23, 1895, Dr. Augustus C. Bernays, A.M., M.D., Heidelberg, M.R.C.S. Eng., Professor of Anatomy and Clinical Surgery at the Marion-Sims College of Medicine, the operating surgeon, says:

"The patient rallied fairly well after the operation, but she became greatly emaciated. Liquid food was given at short intervals and stimulants as indications demanded. In order to allay the extreme nervousness and irritability antikamnia was given, and it acted promptly and satisfactorily in every instance."

Of the further history of the case it may be stated that on the seventh day after operation the patient took into her stomach, through the natural channel, the first food which had passed it in five years; and that in two months convalescence was regarded as fully established.

ONE of the most reliable brewing establishments in this country is that of John F. Betz & Son, Limited. Their Stock Ales and Brown Stout have been noted for a generation. Their business has grown to enormous dimensions, and is based upon the sound principle that merit only can permanently succeed.

If there is any one product of this Company on which they have expended particular care and skill in its preparation it is Goldbeck's Malt Extract. We believe their claim that they can furnish a first class Extract of Malt, at a moderate price, to be well founded. This is a matter of considerable interest to a large number of physicians.

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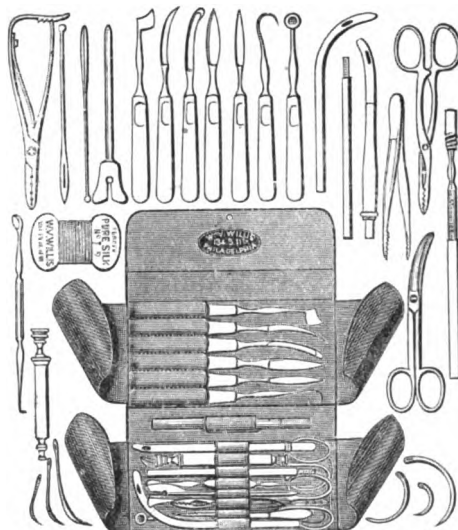


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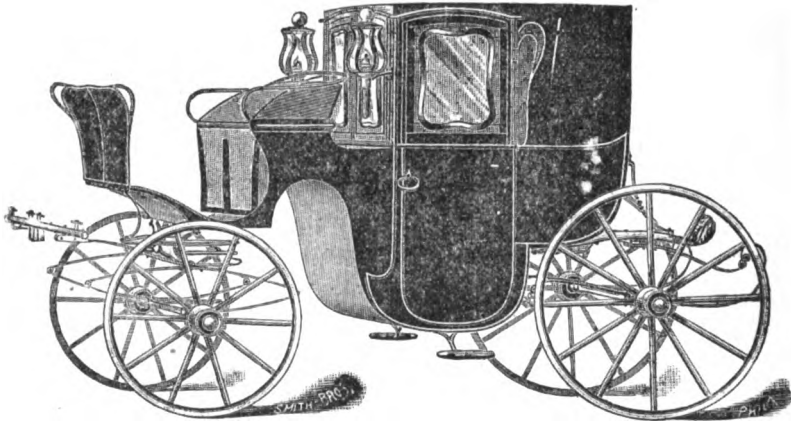
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No. 6

ADDRESSES.

THE MEDICAL PROFESSION AND THE STATE. ALUMNI ORATION.

By HON. MARIOTT BROSIUS,
LANCASTER, PA.

I SALUTE the members of the graduating class with cordial felicitation upon their arrival at that point in their progress at which the congratulations of their friends are due. It is no trivial achievement to have concluded with credit the scholastic preparation for a useful and honorable professional career. And I think they will be acquitted by every discreet and well-ordered judgment if they accept this first reward of their industry and fidelity with some complacency.

I doubt if, at any period of their lives, they will feel so profound a sense of relief and so buoyant a hope for the future as they experience in this early dawn of their professional day, when they look backward with satisfaction and forward with expectation. Indeed, if they went to the length that many have in their pursuit of the phantoms of hope,—of believing that they are already at the end of their troubles,—you, gentlemen of the alumni, whose eyes have been opened, would not be so cruel as to disillusion the minds of these enthusiastic and heroic recruits to your army by suggesting which end they are at.

"The more I think of it," said Ruskin, "the more I am impressed with the thought that the greatest thing a human soul ever does in this world is to see something and tell what it saw in a plain way." We have seen a tendency in professional men to become so engrossed in their special work as to seriously

slight, if not entirely neglect, their obligations to the political organism, which needs, as its suitable and necessary sustenance, the best service the citizen can give. I make bold, therefore, to tell you in a plain way what I think is the reasonable service of the medical profession to the State.

For such a purpose no happier occasion could arise than that which marks the assumption, by educated young men, of new and responsible relations to society,—signalizing their embarkation in a noble and honorable profession. I therefore invite you to dwell with me upon those relations to society whose claims upon you are prior in right as well as in time. In the pursuit of life two sentinels will challenge you daily and hourly and exact a double countersign, and you must give both before you establish your title to pass with honor. The first is a broad and comprehensive devotion to the public welfare; the second, a loyal love to your chosen profession. There is no real conflict between these claims. The seeming divergence will lead to unity in purpose, endeavor, and achievement. But you must be imbued with the idea that when you become doctors of medicine you do not cease to be citizens, and that no exactions of professional duty will excuse you for the neglect of obligations which have a paramount claim. Let me drive this thought home by a passage from the "Christmas Carol," whose pathos and power affect me more than the profoundest utterances of social philosophy on the necessity of individual submission to the requirements of collective efficiency. The admonition of Marley's ghost has as profound a meaning for us as for the tight-fisted, grasping, old sinner to whom it was addressed. Scrooge had vent-

ured the conciliatory suggestion that Marley was a good man of business. "Business!" cried the ghost, "Mankind was my business; the common welfare was my business; charity, mercy, forbearance, and benevolence were all my business. The dealings of my trade were but a drop of water in the comprehensive ocean of my business!" The moral so sharply pointed by this persuasive message to the living from a spirit in chains of its own forging while in life is that no devotion to mere personal ends can absolve us from the larger obligations we owe society.

It is a felicity we enjoy in common to be citizens of a country without a peer, under a political order whose unrivalled excellence excites the admiration and envy of the world. We contemplate with exultant pride the success of a government whose corner-stones are the wisdom, virtue, and patriotism of those it was appointed to govern. This trinity of forces has fed the stream of our exuberant national life and reflects upon our history a threefold glory. Intelligence wreathes Columbia's brow with laurel in honor of her victories in all the diversified fields of material progress. Virtue lays upon her snowy bosom the fadeless lily in token of her signal triumphs in the elevated arena of national morals; while patriotism, with the orange blossoms of hope and love unites and interweaves the two, symbolizing the joyful wedlock of lofty intelligence and elevated morals. To love such a country, serve it, and enjoy its protection are blessings which Providence has vouchsafed alone to American citizens.

The duty of the medical profession, in common with all educated citizens to political society, finds its first warrant in the nature of our political institutions. The form of our government denotes the requirements of citizenship. In many lines of development progress is due to a principle of selection whose operation is continuous through successful variations, to the exclusion of others. In all forms of life the fittest have survived where competition existed. The ascent of human society has been possible by the prevalence of the superior and the overthrow of the inferior in efficiency. But in the arena of politics the philosopher is confronted with a situation which does not admit of the evolutionary mode of securing results by selection and rejection. The theory of our political system

will not permit the electorate to be determined by any principle of selection, which appeals to any standard of moral or intellectual fitness, except within restricted limits. There are no means afforded for those gains which a recent writer describes as "progress due to the opportunity of those individuals who are superior to their fellows of asserting their superiority." The only means available, under universal suffrage, of securing the best results is the participation of the best qualified in the exercise of suffrage, thus holding up the collective action to a level commensurate with the average intelligence and virtue of the community. If I may borrow from physics an illustration, I might liken our popular system to the "hydrostatic paradox." It is an academic memory that, in a bent tube, with one arm a foot in diameter and the other no larger than a pipe-stem, the water will stand the same height in both. Similarly universal suffrage equalizes the votes of the philosopher and the fool, the president and the pauper.

I am expressing no opinion as to the wisdom of giving ignorance and knowledge equal freedom of franchise. I am only emphasizing the danger under a system which places upon a platform of political equality the most marked intellectual and moral inequality, of relegating the ruling power to the least qualified, by the voluntary surrender of the best fitted of their right of participation.

The thought I am seeking to bring into distinct view is that, under our political system, the intelligence and virtue of the citizen and his use of them in the service of the State are the very breath of our nation's life and progress. The influences which make for good government first act upon the political unit. Our political infirmities have their roots in individual delinquency. A low standard of character, an enfeebled moral sense, and insensibility to the claims of society are incompatible with good citizenship. A good man must first exist before he can engage in making good government. The Christian religion, incomparably the most powerful evolutionary force in the history of civilization, applied its constructive force, its creative energy, to the individual life. Men were transformed before the institutions of society were improved. The first requisite is citizens capable of intelligent action, with resolution and courage to act upon their convictions. The citizen who is a sover-

eign should be qualified for his kingdom. He should be molded on forms of virtue, self-restraint, obedience, and loyalty to conscience and country. He should be self-governing in that wide range of activities and relations that lie outside the sanctions of the statute and far away from the policeman's beat. He must have fineness and strength in the warp of intelligence and firmness of texture in the woof of virtue. He must subject his political conduct to the restraints of moral principle and subordinate his private interests to his public duties. He should be broad-gauged in his views of the questions which every day forces upon his attention. He should be able to take a more commanding view of the world than is possible from his study-window. He should have that "all roundness" of observation which comes from a knowledge of affairs and a touch of elbow with the people. He should not be content with holding right opinions, but should exert himself to make them prevalent. He should not be lulled to repose by the delusion that he does no harm who takes no part in public affairs. He should know that bad men need no better opportunity than when good men look on and do nothing. He should stand to his principles even if leaders go wrong. He should not fly from duty though malaria breaks out in the barracks; he should never go to sleep on his post or desert to the enemy. He should never cease to improve himself and should never consent to call in the enemies of his principles to correct his defects.

You may say this is an ideal citizen; but our institutions of learning can transmute the ideal into the real citizen, and they must do so if our institutions are to endure. Our form of government contemplates such a citizen, and only such can be effective in working out the purpose of all our political machinery, to give ascendancy to the forces fittest to govern, and to bring the best reason and conscience of the people to an expression in the government of the State.

These suggestions derive superadded force from another reflection, namely, that out of this citizenship must emerge, as need requires, intelligent and incorruptible leadership, and a scientific statesmanship. This need grows in urgency as the difficulties of government multiply. The manifold problems being evolved out of the complex growth of our institutions

and the development of our social and industrial life are inviting fields for the demagogue,—the quack doctor in politics. But no man should be placed in position to prescribe for the venerated patient whose education, experience, and training have not in some degree qualified him to comprehend the nature of the maladies he is to treat,—to distinguish the chronic diseases of the body politic from its passing inflammations, the growing pains of a vigorous and lusty life from the virulent distempers of an infected and decaying body.

It thus appears how legitimate is the title of the State to the service of its most capable citizens, and with what extreme urgency it presses its claims upon the educated classes. Wonderful, indeed, is the transforming power of education. We have known it to make excellent doctors and lawyers out of the commonest material. It was a curious and ill-considered suggestion of an uninstructed person that the learned professions have a warrant for their existence in the necessity for some place for men of medium faculty who are unsuited to other walks in life.

I have read of a man who became very much depressed in spirits on account of a notion he had imbibed, that his sons were to come to very unhappy ends. One was to be a mendicant, another a thief, and a third a murderer. A neighbor offered the solace of a suggestion that would enable his boys to live respectable lives in spite of the fates. It was this: The one that is to be poor, make him a minister, for poverty is the inheritance of the church; the one that is to be a robber, make him a lawyer, and his talents may still be turned to profit; and the one that is to be a murderer, make him a doctor, for that is the only profession in which his propensities will never be questioned.

But it is, in all seriousness, an irresistible deduction that no greater calamity could overtake the country than for so numerous a body of educated men as constitute the medical profession to become indifferent to and detached from political affairs.

Nevertheless, it is within the observation of all that the scholar in America is apt to feel some repugnance to politics. This is so distinctly marked as to give rise to a current conviction that superior culture does not improve citizenship; that men of liberal education are not aggressive and heroic, are not strong

personalities, not capable of controlling the collective action, however exemplary they may be personally; that they are likely to be *doctrinaires* and not practical, and to think it is enough if they keep the faith without fighting the good fight; that they lack the quality Sambo boasted of when he said, "Massa has edication and I has 'scretion, and together we get along"; that for lack of that discretion they are likely to make as bad a break as Honestus at the caucus, as described by the "Easy Chair" some years ago. Honestus was honest, sincere, patriotic. He went to the caucus from a commanding sense of duty, but suffered himself to be cajoled and used by political gamesters to secure the nomination of Mr. Sly with a diamond-pin,—the most disreputable political shark in the town.

Why the politician should look with disfavor upon the scholar in politics and the scholar upon the politician with loathing is not apparent. They are both mistaken. The one is not as good as he is believed to be, nor is the other so bad as he has the credit of being. There is a feeling prevalent that a scholar must contract himself to enter the political arena, as Milton's fallen angels had to grow smaller to enter the infernal council-room. This idea is of the lineage of George the Third's notion, that politics is a trade for rascals and not for gentlemen, which crude error was perpetuated by Wendell Phillips's notable definition of a politician: "as a man who serves God as far as he can, not to offend the devil." These errors have survived their time. They deserve to die. And I would be happy to have the assurance that the bright and cultured young men about leaving their Alma Mater would lend a hand in dealing the death-blow.

If there is one respect in which the medical profession is chargeable with neglect of duty more than another, it is their indifference to the results of the primary organization of political power. To this omission is largely due the consequences which have disabused our minds of an impression which, Mr. Fisk intimates, prevailed fifty years ago, that civil government in the United States had dropped from heaven or been specially created by some kind of miracle on American soil. Thoreau said he did not know who was elected to Congress unless some one told him. Thoreau's apathy is the peculiarity of scholarship. The rough and tough flourish because culture hides itself.

If it were in sight its presence would be felt. The inferior recognizes the superior at the poles as well as in the state-house, and acts accordingly. But superiority must put itself into position to be felt, into effective relation with those upon whom it is to exert its influence, and not be invisible as well as ignorant in political affairs. "Jim," said a window-book keeper to a ward-politician, "who is that new 'cove' in our precinct?" "Why, one of them fellows as teaches political economy in the college and don't know when election-day comes," was the reply.

Unless intelligence organizes and assumes control, the collective action will be fashioned by organized ignorance, craft, and venality. There is no point along the great highways of political power traversed by the influences which make or mar the State where human control is so effective as at their source. The primary meeting is the spring from which political power flows, and the absence from it of the best citizens is likely to make it the baldest travesty on popular rule, giving supremacy to the forces least fit to govern; giving faithless servants the opportunity to neglect the public service and corrupt ones a chance to debauch it; clothing incapacity with respectability by official position, in which it masquerades as the people's choice; filling legislative assemblies with incapables who crowd our statute-books with costly records of human folly. Thus, by your omission to make your superior character and attainments effective in controlling action, the State may suffer, the government fall into disrepute, and the public service become ineffectual, its honor tarnished, its power enfeebled, its administration corrupted, and its glory dimmed. When you look at these consequences in cluster, you cannot fail to realize how appalling they are, and will do your part to avert them by not detaching yourselves from the political life of the communities in which you live.

Men influence politics in two ways: some improve it by keeping out of it, others by going into it. Medical men, who are trained and educated, ought to go into it in the best and not the worst sense. Not for spoils, not to be ward-bummers or municipal boodlers, but for service, to help secure good government, to keep in the ascendancy the forces fittest to govern. To be, as the greatest American citizens have been, slaves to principle and

not to party. In its true character and rightful domain politics is an elevated and honorable field of service, as necessary as government itself and as noble as patriotism. Professor Freeman was right when he tried to make England see that "history was past politics and politics but present history." It is related to the entire body of social phenomena, under whatever heads they be treated. It is cousin german to history, ethics, economics, and to religion, too; for, while there is not much politics in religion, there ought to be some religion in well-ordered politics. All these related fields of exertion have a common object in the development of human society, or, as Emerson phrased it, "the care, comfort, and culture of the human race."

I have said the political duty of the medical profession has its first warrant in the nature of our political system. It has a second warrant in their superior fitness for the service required. They are in touch with the people and in contact with affairs, their duties give them wide acquaintance, and their studies open their minds to the problems relating to man both as an individual and as a member of the social organism. They study him in books and in life. They know him in the abstract and in the concrete. I do not mean to extol them overmuch. I know they are not angels, if Sidney Smith's brother did accuse them of making angels of other people. But who can know so much of a man as his doctor? Who so accurately judge of his fitness for responsible position as the physician whose eyes have followed him from his cradle up? Gentlemen, contemplate your relation to the human race! You welcome the coming and you sometimes speed the departing guest. You stand over the cradle and look into the grave of the human family. What transcendent opportunities for knowledge of men! What superior qualifications for useful service to the State you possess, and what immeasurable responsibility accompanies these opportunities and qualifications!

Another thought in this connection presses for utterance, namely, the need of the future for the medical profession in politics will exceed that of the past. With the increase of population and the growth of civilization the social organism increases in complexity and the difficulties of government multiply. The results of the evolutionary movement of society deepen the obscurity and increase the hard-

ness of the problems submitted for human solution. Situations must, indeed, be hard to meet when the complex movements which evolve them are so hard to tell about. Herbert Spencer's formula presents a collection of words which, though not of a character to "shatter the teeth of a crocodile," yet paralyze the mind of a common man. Learned doctors, of course, comprehend these words when they hear them, namely, "a change from a definite, coherent homogeneity, to an indefinite, incoherent heterogeneity through continuous differentiations and integrations." That tells you in a plain way what is going on in society. Henry Drummond observed that "the universe may well have heaved a sigh of relief when, through the cerebration of an eminent thinker, it had been delivered of this account of itself."

This occult process is going on continuously, and, while it augments human perplexity and increasingly taxes human intelligence, it is supposed that, in some manner, at some time, by a mysterious power residing in the nature of things, society will arrive at perfection. This is a swelling theme for the platform at this time. Male lecturers are discoursing on the "New Woman" and female on the "New Man," and, as pictured from the respective points of view, they are superior creatures. It is a splendid thing to believe that the human race will one day flower into perfect beings who can live by the golden rule. Victor Hugo believed with great complacency that "he was the tadpole of an archangel." But there is a doubt, in some minds, of our ability to continue improvement, and some hold that the progress made up to date is not satisfactory. Professor Huxley says: "If there is no hope of a larger improvement in the condition of the greater part of the human family, I would hail the advent of some kindly comet to sweep it away."

I do not share this melancholy view. I believe in endless progression, but it can only be realized by the help of the efficient service of the medical profession and the united exertions of the best intellect and conscience society commands. The time that Herbert Spencer sees through his evolutionary glasses, when man will be so happily adjusted to his environment that righteousness will everywhere prevail, and conscience, no longer necessary, will be dispensed with, will never come. An awakened conscience, a resolute will, an en-

lightened mind, and a loyal devotion to duty will be the chief agencies in human progress until the end of it. Arthur James Balfour is right in his criticism "that the causes which will make conscience superfluous will relieve from the necessity of intellectual effort, and that, by the time we are perfectly good, we will be perfectly idiotic."

Seeing how bewildering is the attempt to convey an idea of the nature of evolution will help to make us suitably sensible of the accumulating difficulties which will be presented in the course of our social and political development, and of the necessity of a progressively increasing accumulation of intelligence in the body of our citizenship, to keep its equipment in any degree commensurate with the exigencies which will call it into use.

The people of the United States are approaching, if they are not already face to face, with social and political problems of extreme gravity. Problems which but a short while ago we contemplated only with enlightened curiosity now lie like lions across our path. Carlyle said, a half century ago, "that America's battle is yet to fight; that new spiritual pythons, enormous megatheriums as were ever born of mud, loom, huge and hideous, in the twilight-future." The pythons and megatheriums which are glaring at us with ferocious eyes to-day were not born of mud, but of the ceaseless and sometimes tumultuous striving of the human family for something better,—a reaching out in the dark for succor, from what they feel to be the cruelty of inequality in the distribution of the benefits of civilization. If we are to find a solution for these stupendous problems we must be wiser than our fathers. We cannot guide the ship of state in the tumultuous sea of the future by the observations of the past. The growth of intelligence, public reason, and social insight must keep pace with the conditions which require their exercise. We must know how to treat popular discontent,—when with repressive laws and when with measures of conciliation and relief; how to retire old institutions to make way for new ones; how to make the changes which are inevitable, made necessary by the progress of society, and not to be resisted.

There is in social science, as well as in chemistry, a law of definite combining proportions by which a certain amount of one

principle and a given measure of another combine to produce the best results. Every institution, every system, every principle esteemed of value in our time in its application to government has its limitations. They are good so far, and beyond they are evil. We may say of them, as Bagehot says of political economy, "they are not questionable things of unlimited extent, but are exceedingly certain and useful to a limited extent." The bounds of their beneficence are to be fixed. The frontiers within which their utility is supreme, and beyond which they become noxious, are to be marked out. We must compound the subtle influences, measure the effect of principles, and forecast the trend of popular movements, evolved in the course of our growth, so as to minimize the peril, while we wrest the maximum of blessing from every situation, securing in each case the least of the worst and the most of the best results.

In this discriminating treatment of these intricate problems we have not one brain too many; no surplus of intelligence; no educated man whose contribution to the sum of the nation's sense and soundness can be dispensed with; no excess of noble aspiration and lofty endeavor; no residue of conscientious purpose that we can spare from the great task of prosecuting our experiment of popular government to a triumphant solution.

That we are advancing toward this solution, I never entertain a doubt. My amiable optimism will not permit me to believe that human progress is to be arrested. If our rate of speed is not satisfactory we can improve it by increasing our exertions, leaning closer to duty, and pressing harder in the race. There is warrant for the expectation that the next century will be one of great intellectual and moral awakening. Much fruit will be plucked from the tree of knowledge. Many of the postulates of science will be restated. In the courts of philosophy many motions for new trials will be made on the ground of after-discovered evidence. Statesmanship will mount to higher levels. Economists will make new conquests. Sociology will advance with leaps and bounds. The church will doff her rags of ecclesiasticism and robe herself in living garments of newly-discovered truth. Religion will break the fetters of creed and bound into the arena of spiritual liberty, and the kingdom of Heaven will visibly advance upon the earth.

This is the radiant hope that gilds the dawn of America's second century. Its realization will come as the achievement and conquest of the human mind and heart,—the highest and best over the lowest and worst. This ascent of man will advance in the companionship and under the protection of good government. The political environment may impede or promote the movements of society which lead to beneficent ends in human progress, as the work of the supervisors of the highways may retard or hasten the march of the procession that passes over it. If governments, like clocks, run by the movements men give them, as Penn wisely said, to make them run in the greatest perfection requires the best men. These must be kept in the ascendancy. Those whom a nation elevates to power and crowns with confidence and honor to give it credit before the world are, in a sense, the scale which registers the elevations and depressions in the character and conscience of the republic. To make the best selections is impossible without the participation of the best character and intelligence the community possesses.

In the Bank of England you are shown an ingenious instrument for weighing coins. The coin, if good, drops into a receiver on one side, and if bad it goes to the other. No human agency is visible, yet every coin that does not come up to the standard of this remorseless little machine is rejected. A popular election is a political weighing-machine. The machine is not automatic. The judgment it records is the resultant of thousands of individual judgments, expressed by the ballot, which speaks every freeman's will. Its potency, when used by the best as well as the worst, in securing the highest average results which the state of political society will admit of, justifies the encomium of Charles Sumner, when he said: "The ballot has been better than the soldier, stronger than the plunderer, more merciful than the despot; at once the good Samaritan to the poor, the physician to the sick, and the school-master to the ignorant." Medical gentlemen indulge a delusion pregnant with peril to the State when they forego the use of this effective instrument, with the idea that Providence will take care of idiots and the United States.

The National Academy of Sciences, on one occasion, held its annual meeting in this city on election-day. Distinguished scholars from

many States left their homes where elections were to occur and gave the day to science, with as little concern as if the destinies of the country were not in process of settlement all over the land. Indeed, it was said, at the time, that nothing occurred at the meeting to indicate that these academicians knew it was election-day.

If you submit to be governed by others when you ought to govern yourselves, you will be rewarded by bad government. Some men in politics are like the philosopher who, when informed that his house was on fire, coolly replied: "Go tell my wife; I never meddle with household affairs." Your government is on fire, your politics are corrupt, your municipality reeks with wrongs, and you say: "Go tell the politicians; I never meddle with political affairs." This abject surrender, this voluntary abdication of your duty and power and influence in your own government is political suicide. Those who, on their own motion, surrender so large a part of their citizenship might almost go farther and yield to bodily servitude and become appurtenances of the soil. That we are architects of our own destiny makes it necessary for us to realize the thought of Lowell and become a nation of men-builders. We must rear the citizens who shall be wise to guide, heroic to defend, and strong to save; great citizens, built on such a model as the martyred Lincoln,—

"The kindly, earnest, brave, foreseeing man;
The birth of our new soil, the first American,"

—whom his biographer, with great felicity, describes as a statesman without a statesman's craftiness; a politician without a politician's meanness; a great man without a great man's vices; a Christian without pretension; a ruler without pride of place or power; an ambitious man without selfishness, and a successful man without vanity.

Let me, in conclusion, exhort you, alumni of this great college of medicine and surgery, in a city pre-eminent for its achievements in medical science, with more medical schools and medical students and better medical libraries than any other American city, to contribute your reasonable service to promote the success of popular government; to make your country the nursery of good citizens. Strive to become yourselves the very best, to be men of light and leading, and, by the ex-

ample of your fidelity to the State and your devotion to the duties of citizenship, set the fashion for the masses who look up for guidance, and inspire them with your heroism in holding up the ideal of the supreme good and demanding submission to its behests, and thus become a pledge to the future of a citizenship whose loyalty to the State, fidelity to duty, obedience to law, love of justice, and devotion to the highest and best aspirations of humanity will hasten that to-morrow of better things in which the fine thought of Victor Hugo will bloom and fruit, and throughout our political realm,—force, with right for a master; progress, with courage for a leader; intelligence, with honor as a sovereign; conscience, with duty as a despot; civilization, with liberty as a queen, and light, as the servant of ignorance, will be united in the service of the common welfare, which is the "Supreme Good."

*THE VALEDICTORY ADDRESS TO
THE GRADUATING CLASS OF
THE MEDICO-CHIRURGICAL
COLLEGE OF PHILADELPHIA.*

By W. FRANK HAEHNLEN, M.D., Ph.D.,
Professor of Obstetrics.

TO be the valedictorian of the Class of '95 of the Medico-Chirurgical College is an honor of which I am keenly conscious and justly proud.

Your time spent in arduous toil has gone by, and to-day you realize your brightest hopes. With the impressive function just performed by our honored President of the Board of Trustees of the Medico-Chirurgical College you have become Doctors of Medicine. In behalf of my colleagues of the Faculty and Board of Trustees I congratulate you upon the successful termination of your college studies.

As you go forth into the world, cherish kindly feelings toward your former teachers, and be assured that they have endeavored to do their duty by you; but, above this, prize zealously the good name of the great institution of learning which is inscribed on the diplomas you have just received. Ever remember, gentlemen, with warmest feelings, the Medico-Chirurgical College, whose teaching is established upon wide and far-reaching lines. It is truly a practical school, where clinical teaching, as far as is possible, takes

the place of the didactic lectures of old. It is an honor to have graduated from this institution, the alumni of which can never be traced; but this much is known: that, spread all over the world, doing faithfully their daily work in relieving suffering, helping the poor, improving public health, advancing the domain of pure and applied science, teaching earnestly its results to hundreds of eager students who, in their turn, will swell the noble ranks, promoting the welfare of mankind,—some in lofty, some in lowly, stations,—they will confess that here they have developed the scientific tastes and aspirations; here they were taught to look to the highest aims of the profession.

Gentlemen of the Class of '95, it is to be hoped that every one of you will contribute to the reputation and future success of your Alma Mater. We, your instructors, naturally expect a great deal of you, after the opportunities you have had. We have endeavored to make your college course as practical and scientific as possible. You have acquired much useful knowledge; but be mindful of the fact that, while your college work is over, your life's work has just begun.

Many are prone to consider that, as soon as they are released from their collegiate minority, their labor is at an end and their education completed. They carry with them the views of their instructors, adopting them as rules for future practice,—and it is well to regard these teachings with highest consideration,—but it should be the duty of one just initiated to test the truth of the basis upon which his education has been erected.

The world is now before you; what line of work to choose and that each separate individual should choose for himself with unbiased freedom is absolutely necessary. There is so much deep truth underlying this question of individuality in human beings, there is so much needless suffering, begotten by the tyranny that would fain mold the universe after one pattern, that it cannot be reiterated too often that a parent or a teacher who guides a young person's taste only so far as it is necessary to avoid danger, but leaves the mind to develop according to its own peculiar gifts, will invariably reach a harvest of golden grain beside which the stunted growth of a repressed and dominated brain is as unlovely and as unfruitful as a crop of bitter weeds.

It may be that the physician who refused to

allow any of his patients to eat eggs because they disagreed with him saved some of them from indigestion, but it is quite probable that a goodly number lost strong and wholesome nourishment. Individual development is dependent upon its basis and capacity. The foundation, therefore, must be sound and strong upon which to build an edifice of intellect and character.

Your success in the practice of medicine will depend upon your practical intellect, inexhaustible energy, and invincible determination. Your labors when begun must be prodigious, your wisdom and tact equal to your industry. Successful men do not owe their elevation to accidents or tricks, but rather to their patience and persistent energy. There can be no greater mistake, gentlemen, than to suppose the instrumentalities which lead to success in other vocations of life will be suspended in favor of you. There must be a diligent and patient employment of means if you expect desired ends. It was not fortune that filled the world with the name of Napoleon. All his great successes and master-strokes were nothing more than the execution of plans rigidly constructed in his mind. Nor was it chance that made an Anders or a Laplace the ornaments of your profession.

Gentlemen, you have chosen a calling that is pre-eminently respectable, dignified, and noble as the pursuit of your life. It is a serious undertaking, and therefore not to be entered upon lightly or unadvisedly. In medicine, as in every other occupation, the first step is the most important. For its successful prosecution qualifications of no ordinary character are required. You all aspire to distinction in life. It is a noble sentiment, and yet there is none so commonly doomed to disappointment. How many brilliant anticipations have been disappointed! And why? Surely not for lack of talent.

In receiving the degree of Doctor of Medicine you assume great responsibilities. They are infinitely greater than in any other vocation. Bear in mind, therefore, the sacred trust placed in your hands by your patients. It should be remembered that you incur solemn moral obligations which cannot be lightly shaken off. It is no trivial consideration to assume the management of the health and lives of a community.

Faithful work, with moral strength and high

ambition, will do much toward the achievement of distinction. Of course, we are all creatures of circumstances, influenced by our surroundings. No man has ever yet lived, however favored, who could always have his way. He has to yield to circumstances,—not only those great ones that he may own to have been determined by Divine Providence, but also to those unforeseen impediments which come from His humblest instruments. He cannot possibly prevent deceit and hypocrisy on the part of his associates, and therefore cannot expect to have an unchecked career to the end of his life.

The highest aim of good professional work should be to do all the good that can be done for the poor as well as the rich. If the doctor live simply to sell his knowledge and skill at the highest price to sufferers, having no greater ambition than to make all the money he can, and in this spirit occupy a place in the temple consecrated to healing the sick, he is no better than the money-changers in the Temple of Jerusalem.

Ruskin says, with reference to doctors, "They like fees; no doubt ought to like them; yet, if they are noble and well-educated, the entire object of their lives is not fees." They, on the whole, desire to cure the sick, and, if the choice were fairly put to them, would rather cure their patient and lose their fee than kill him and get it. That the medical man should make his fee bear some relation to the means of a patient is a matter that seems eminently just and proper, but never let monetary considerations influence the performance of your duty or the fulfillment of your sacred obligations. Physicians do a great deal for which they receive very little money, more still for which they receive nothing; for no class of men do so much in the way of charity as those in the practice of medicine.

The field of medicine grows prodigiously every year; so that to-day the strongest minds are unable to grasp the innumerable scientific questions in medicine. Division of medicine into the various specialties has become a necessity, and in their special fields we find men devoting their lives in search of knowledge pertaining to their respective departments. Without a thorough knowledge of the principles and practice of medicine no man is justly fitted to be a special observer. The

tendency to-day is toward specialists; but beware, gentlemen, of the temptation to plunge heedlessly into it without sufficient experience in general practice. Every specialty requires a peculiar aptitude for that particular work, and you are not all fitted for it; perhaps the vast majority of you will do better as general, all-round doctors.

You are doctors, and wish to gain your livelihood by the practice of your profession. How shall you do so? Life is a constant rush, and those who fail to keep up with the forward movement are trampled out of sight by the momentum of those behind. Your friends and the profession must learn of your ability from the character of your work, but not through the public press, in the form of advertisements, lest you be classed as a quack and be professionally ostracized. Some of you will no doubt become contributors to our medical journals, and it is to be hoped that the profession will be benefited thereby. The motives for writing are varied. Some simply do it because they are paid for the article. Others from an honest love of fame or desire to advance the science of healing. When you do write, gentlemen, see that you do have something of value to say, and do so, in the fewest and plainest of words. Do not knowingly falsify facts in order to exalt yourselves, claiming a vast number of cases which you never had; neither should you draw conclusions from incomplete and insufficient data. An evil sometimes done the profession is the constant publication of successful cases and the omission of failures; for the report of a series of successes would often have greater value if interrupted by an occasional failure. Doctors are sometimes too reticent as to the clever things they have done, and it is only by searching inquiry that you can secure from them valuable facts. On the other hand, you will meet with those who are constantly telling you of their last case until you almost wish it was their last case.

Never entertain notions that it is beneath your standing to consult with another physician, for remember that your patient is entitled to every aid and suggestion obtainable; and do not lose sight of the fact that some one else may possess experience and skill that you do not happen to have. Do not be too egotistical; for, much as we think of ourselves, and much as we may excite the empty

plaudits of the millions, it is certain that the greatest among us do actually fill but an exceedingly small space in the world, and it is equally certain that even that small space is quickly supplied when we leave it vacant.

Now, gentlemen, do all you can to promote the methods of curing diseases and to instruct those less conversant in practice than yourself. Be thoroughly honest in your convictions, making no effort to appear what you are not; never be influenced by any but the most upright and conscientious motives.

It is given to none of us to be infallible; error and humanity are now, as always, inseparable. Knowledge and perfect wisdom are unattainable. Let us do the best we can on all occasions, conscientiously discharge our duties, and be ever in search of new facts that may benefit our patients.

Much of your success will depend on your personal qualities; an intelligent brain, kindly nature, sympathetic heart, and skilled hand must be united. A man who can enter a sick-room and diffuse about him a sense of repose and confidence is certain of increasing his practice rapidly.

There is everything in preparation, and there are seasons of opportunity for you all. The secret, gentlemen, is to be fully equipped and seize the moment when it comes.

In looking back over your college course there are many points on which it would be pleasant to linger, would time and your patience permit. I assure you there are none which kindle more kindly associations, and which I rejoice to have this public opportunity to acknowledge, than the courteous attention, untiring industry, and good feeling of the class of '95.

To me there is something of more than ordinary solemnity in the rupture of an intercourse between teacher and student. A few days more and most of you will have turned your back upon the scenes which have become familiar to you during your college life. To-day we part; some of us, perhaps, will not meet again.

How deeply would I impress on you your duties as physicians. You have chosen a profession which is one of the noblest that man can make his calling. See that by your faithful application you endeavor to maintain in it all the dignity that belongs to it.

I wish that all of you may prosper and that

your aim will be to elevate your lives so that your names will be placed high up on the roll of fame as original thinkers and workers.

Wherever your lot may be cast you have my warmest and sincerest wishes for your personal and professional happiness and success.

ORIGINAL COMMUNICATIONS.

EVISCERATION OF THE EYEBALL.*

By L. WEBSTER FOX, M.D.,
PHILADELPHIA.

THIS operation must not be confounded with abscission, although both are somewhat similar in character. The latter operation has been abandoned by the majority of ophthalmic surgeons on account of its risk.

Evisceration consists in first excising the cornea and thoroughly removing the contents of the globe, and replacing the vitreous with a glass globe. Abscission of the cornea, as suggested by the older Critchett, was, probably, the best of a dangerous operation. In it no attempt was made toward emptying the contents of the globe.

We are indebted to three English surgeons for bringing evisceration prominently before the notice of the profession practically. Mules's (of Manchester) first operation was performed in October, 1884. Brudenell Carter, who modified the abscission operation of Critchett some years ago, is now one of evisceration's most ardent advocates, while Bickerton, of Liverpool, performs it preferably to enucleation. Frölich was the first surgeon to perform the evisceration. This he carried out in 1881, and named it "excochleation." Muldon and Graefe carried on their observations in 1884. Cubanton followed next with a series of experiments. I shall not review the literature on the subject, as it has been done by my friend, Dr. G. Oram Ring, in a very recent article† on the subject. My remarks shall be limited to my personal experience with some cases.

In 1885 I performed the operation twice in the Germantown Hospital, but the reaction was so great, including tremendous swelling

of the orbital tissue and eyelids, great pain, and an elevation of temperature (105° in one patient, 105.5° in a second), that I felt discretion was the better practice and removed both glass globes, later on removing the small stumps of the atrophied eyeballs. During the summer of 1893, while in Liverpool, Mr. Bickerton brought to my notice three patients upon whom he had recently operated. The cosmetic effect was so beautiful that I again became deeply interested, and gathered renewed courage at his success. I also had the opportunity of witnessing the operations at the Liverpool Infirmary by Mr. Bickerton, and also the after-treatment. To see a skilled operator carrying out the technique of an operation is infinitely better than to follow the details of a written description, be it ever so clear and concise.

The third patient* upon whom I performed this operation, June 29, 1894, at the Medico-Chirurgical Hospital, was a young Assinaboin Indian, from Montana, now at the Carlisle Indian School. He was brought to the hospital by Dr. Montezuma to have the eyeball enucleated on account of pain and much discomfort. As near as we could get at the history of the loss of the eye, it was this: About three years previously, while on the plains, an inflammation of the left eye took place, which gradually progressed to an ulceration of the cornea and, finally, to complete destruction of this part of the eye. Instead of removing the eyeball, a Mules operation was performed, under ether. The details of the operation were carried out without complication and the patient put to bed.

The orbit was examined after twenty-four hours; no untoward symptoms were present excepting the slight swelling of the upper eyelid. Toward evening the eyeball became somewhat painful, and the patient did not rest well during the night. Temperature, 102° F. The next day the temperature fell to 99° F. More swelling of the eyelids appeared, with considerable chemosis of the conjunctiva, but no discharge of pus. Chloral and a bromide were given to quiet the pain, and hot fomentations were applied to the eyelids. On the third day the conjunctiva became very œdematous and protruded between the eyelids; otherwise the patient's condition was about the same as before. The internal treatment at this time

* Abstract of a paper read before the American Medical Association, Ophthalmic Section, held in Baltimore, May 7, 1895.

† "Evisceration of the Eyeball," reported in the University Medical Magazine, April, 1895.

* Reported in the Codex Medicus, Philadelphia, November, 1894.

was: Hydrarg. bichlor., gr. $\frac{1}{3}$; potass. bromidi, gr. x; three times daily. To the protruding conjunctiva pressure bandages were applied, which restricted the protrusion. The temperature fluctuated about the 99° line until July 7th, when it fell to normal, and the various inflammatory conditions subsided. At the end of the week I removed the stitches from the conjunctiva. The sclerotic swelling did not subside for ten days, when the pain disappeared, and at no time during his residence at the hospital did it return.

The operation was entirely successful, affording a beautiful support for the artificial eye, which was adjusted July 18th. The artificial eye stood out full and prominent with almost perfect movement,—a decided improvement over the results of the old operation of enucleation.

Case 3. Operation performed October 26, 1894, on a young woman,—a patient of Dr. Frutchev. She had been wearing an artificial eye over the blind eye for several years; the result was that she had symptoms of sympathetic irritation and pain in the partially-atrophied eyeball. The operation was carried out in detail as above described. Upon removing the cicatricial cornea I found the scleral cavity filled with a bony mass, round, and shaped exactly like a small acorn. This growth of bone was also a very important factor in the causation of pain. The bone was growing larger and the sclerotic coat was restricting its growth; hence the pain. The bone was removed without difficulty and given to Professor Laplace for microscopical examination. The patient had no untoward symptoms; the temperature ran up to 101° the first day after the operation, and on the third to 1° above the normal line, but no visible change followed, the patient leaving the hospital in twelve days. In this patient there was no reaction, no swelling of the eyelids, and the conjunctiva but very slightly chemotic. The artificial eye stands out on a level with its neighbor. The movement is perfect, falling but little short of normal.

Case 4. Young woman, aged 22 years, admitted to the hospital on account of an irritable left eye, staphyloma of the cornea,—eye useless. On account of the repulsive appearance of the eyeball the patient desired its removal so as to replace it with an artificial eye.

The operation was performed under the same antiseptic precautions, with little or no reaction, no swelling of the eyelid and only a suspicion of oedema of the eyelid. Owing to a difficulty in matching the right in color the artificial eye is not quite large enough. The movement is exceedingly good.

Case 5. Male, aged 33 years. In September of 1884 he was struck in the left eye by a brass spring, puncturing the sclerotic, from which exuded a bead of vitreous. When brought to the hospital the vitreous was snipped off and the scleral wound was closed by stitching over it the conjunctiva. The eye became involved in a general uveitis, with a result of total loss of vision and slight shrinkage of the eyeball. I saw this patient about once a year, and during the ten years no inflammatory change took place in the eyeball. The hyperopia was fully corrected in the right eye and glasses worn. In January 13, 1892, the following note was made in my case-book: The sclerotic scar visible; through the conjunctiva no perception of light; total posterior synechia; lens cataractous; no perception of light. Tension, —1; eyeball manifestly shrunken; no pain or irritation. On December 26, 1894, the patient came to see me on account of considerable congestion of the left eye and slight pain on pressure. The result of the examination revealed sympathetic irritation. The patient was placed on active mercurial treatment, which reduced the active symptoms,—both eyes became perfectly quiet. Having had this warning I advised the eviceration operation, which was performed February 2, 1895, at the Medico-Chirurgical Hospital. The operation was witnessed by Drs. Risley and Carpenter,—two members of the association. The case made a very good recovery, with little or no reaction; the only defect is a slight gaping of the conjunctiva and sclera, owing to the central stitches of both conjunctiva and sclera giving way and allowing the glass globe to be visible. The patient is, however, wearing an artificial eye, and no inconvenience has become manifest up to the present writing.

Case 6. Child, female, aged 11 years. Staphyloma of the cornea of the left eye, due to an ulcer of the cornea, three years previous; since then the cornea has developed into a very large staphyloma. The operation was performed May 3, 1895; at the present writing

the patient is doing well. The details of the operation are carried out under ether. The eye is thoroughly irrigated with a lotion, which I call formula 1 to designate it from almost the same formula for sterilizing instruments. The eyelids are separated with the ophthalmostat. The conjunctiva is dissected from its corneo-scleral attachment back to about the equator of the eyeball, the muscle not being interfered with; then the cornea is excised,—this is best done with a large Beer knife, as if performing a flap-operation for cataract,—the lower half of the cornea is removed with curved scissors, and the contents of the globe are taken out with a small scoop devised for the purpose. Great care is necessary to remove the ciliary body and choroid and the head of the optic nerve, leaving the clean, white sclera. Mr. Carter has devised a rubber bulb, which is inserted into the scleral cavity and inflated with air to produce pressure on the central artery to prevent hæmorrhage. As this application has not been a success with me I pack the scleral cavity with sterilized cotton; after waiting a few minutes this is removed, and the contents of the scleral cavity are again thoroughly irrigated with a hot, antiseptic fluid. A sterilized glass globe, which is best suited to the case, is then inserted with a specially-devised instrument; the sclera is split vertically so that the edges may be drawn together and held by stitches of fine catgut, completely hiding the glass ball. The orbit is again thoroughly irrigated with the hot solution and the socket packed with sterilized cotton, over which is bound a sterilized bandage, and the patient is put to bed.

Formula 1.

Irrigating Fluid.

R Hydrarg. bichlor.,	. . .	gr. $\frac{1}{5}$.
Zinci sulphocarbolatis,	. . .	gr. xxx.
Aq. menth. pip.,	. . .	3xj.
Aq. camph.,		
Aq. destill.,	. . .	ss 3xj.
M. ft. sol.		

The same formula is used for instruments, without the hydrargyrum.

In case 5, instead of using black silk to suture the sclerotic coat, sterilized catgut was used. Whether the knot became untied or whether absorption took place too rapidly, causing gaping of the wound and thus allowing the glass ball to press upon the conjunctival suture and cause it to tear, I am unable to say;

but, from whatever cause, the glass ball is visible. The patient is now wearing an artificial eye without any inconvenience.

When the operation is performed under strict antiseptic precautions very little or no reaction follows, and the result, as Mr. Mules states, "are not as disturbing to the normal relation of the parts outside of the sclera as in enucleation." Dubanton and Graefe arrive at these conclusions: "That the procedure equaled in value enucleation in sympathetic disease, was safer as regards danger of purulent meningitis, can be performed in panophthalmitis, and that, whenever done, a better stump is always secured."

If we have in evisceration a method equally as safe as in enucleation, we certainly have in addition the advantage of giving better support to an artificial eye, getting rid of the sinister stare, the enophthalmus, and more perimetric rotation, with no disagreeable muco-purulent discharge so common after enucleation.

CAPE MAY AS A HEALTH RESORT.

By ALBERT E. ROUSSEL, M.D.,

Assistant Professor of Practice and Clinical Medicine, Medico-Chirurgical College; Consulting Physician to the Temporary Home; Visiting Physician to the Howard Hospital.

AS a summer resident of Cape May for some ten successive years, I have had a fairly-good opportunity of judging of its merits as a health resort, more particularly during the summer months.

During this period of time I have been especially impressed by the marked improvement manifested in that very large group of cases that are presumably benefited by a sea shore sojourn.

Curiously, however, there has undoubtedly existed a rather wide-spread impression that the relative humidity at this resort was higher than at some of its more populous rivals.

With the object of obtaining some definite data upon this subject I wrote for and procured the following interesting table (next page) from the Chief of the Weather Bureau at Washington.

As will be noticed from the table, the relative annual percentage of humidity is but 77, as compared with 80 for Atlantic City, and no one monthly average proves an exception to this general rule.

A study of the temperature-record is equally interesting. Although the mean annual temperature of Cape May is one and a fraction

UNITED STATES DEPARTMENT OF AGRICULTURE.

WEATHER BUREAU, WASHINGTON, D. C., April 25, 1885.

MARK W. HARRINGTON, Chief of Bureau.

MEAN RELATIVE HUMIDITY. PERCENTAGES.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	An- nual
Atlantic City, N. J.	81.	79.	78.	77.	80.	82	83.	83.	82.	80.	79.	80.	80.
Cape May, N. J.	78.	77.	76.	75.	77.	79.	80.	81.	77.	75.	73.	76.	77.

MONTHLY MEAN TEMPERATURE.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	An- nual
Atlantic City, N. J.	31.7	33.1	37.9	46.5	57.0	66.7	72.3	72.0	67.2	57.1	44.6	35.6	51.8
Cape May, N. J.	34.2	35.3	39.7	48.2	58.7	68.2	73.6	73.2	68.0	58.9	46.4	37.6	53.6

degrees higher than that of Atlantic City, yet it will be noted that the relative difference is but slightly marked during the summer and autumn months, but, on the contrary, is the most pronounced during the remaining portion of the year, which would only tend to emphasize the advantages of the Cape throughout the entire year.

This is especially true when we take into consideration the prevailing direction of the wind,—a point of no little importance during the summer season. On account of its insular position, the unwelcome land-breeze is a rare visitor, indeed, a direct northwest wind being alone responsible for its production.

Then, again, the manifest superiority of the magnificent beach, the absence of the particular crowds occasioned by cheap excursions, and last, but not least, the cleanly and well-kept streets must certainly appeal to those who seek health as well as recreation.

2112 PINE STREET, PHILADELPHIA.

ALUMNI BANQUET OF MEDICO-CHIRURGICAL COLLEGE.

ONE of the most enjoyable banquets ever given by the Alumni Association of the Medico Chirurgical College was held at the Hotel Metropole, May 9th, following the address which was delivered in the College Hall by Hon. Mariott Brosius, on "The Duty of the Medical Profession to the State." His address was an admirable one, and was very well received by the alumni and their friends. At the banquet one hundred and twenty-five guests sat down to a most sumptuous feast. The table-decorations were in keeping with the beautiful hall, pyramids of flowers in which were imbedded tiny electric lamps, producing a charming effect.

The college-colors were conspicuous by a predominance of "olive and gold" wherever possible.

Henry Fisher, A.M., M.D., spoke as follows in response to the toast "Our Alumni":—

Mr. President, fellow alumni, and kind friends who compliment us with their presence to-night:—

There are three words in the English language the mention of any one of which finds a responsive chord in every human heart,—mother, home, and heaven. These three words embrace the character, experience, and hope of every alumnus. Mother and alma mater, to whom we are indebted for our existence, involving similar mutual feelings of affection as exist in the natural world.

Home,—a place where kindred spirits are wont to assemble; the confines of the college-walls, with all its pleasant associations and reminiscences.

Heaven,—a place of reward; the goal of our ambition; the culmination of our hopes; a place where oft-unrequited toil receives its just recompense; a place of rest.

The tender stripling of the past, having survived the blight of thirteen winters' frosts, we find now possessing all the qualities of matured manhood. You ask me the reason of this. Can we gather roses from thistles or peaches from pear-trees? Can an impure stream yield pure water? Or can we obtain a healthy child from weak and diseased parents? We may determine causes by their effects, as we may judge the quality of the plant by its fruit. Then, in accordance with the inimitable law of nature, wherein "like begets like," the parent of this precocious youth must have been of a healthy nature, the character and principles that

founded the institution being inculcated in her offspring. The structure of our college was erected on a firm basis, the laying of its foundation being superintended by men of integrity and resolute of purpose in adherence of what was right; and, governed by the thought that quality should be the ultimate of their consideration, nothing could swerve them from the pathways of rectitude. When the fate of the institution, in its incipency, was placed in the crucible and submitted to the fires of suspicion and persecution, as all new enterprises are, it came out as pure metal; and it gives me great pleasure that I can point with pride to the men who compose this association as living embodiments of what "heart within and God overhead" can accomplish.

In March of '82, under such circumstances as the present, was organized the Alumni Association, the members of which were incited by hope to build on their imagination; and, contrary to the usual course of events in such matters, their realization exceeded their most sanguine expectations. Some, however, having crossed the "Rubicon" of their life, never witnessed the fruition of their hopes. So great has been the endurance and growth of the institution, having passed from a comparatively unknown body of eleven members, even in the city of its birth, until now it numbers over four hundred. Its representatives being found in almost all parts of the civilized world, on land and on the sea, in the service of their country and of humanity, speaking different dialects, in the different hospitals. Their contributions to medical literature being read and heralded throughout the land. We find them as editors and publishers of medical journals, their energy and intelligence carrying them beyond the pale of the English language; for, even in our midst at the present moment, we find one as editor of a periodical published in the Spanish language, having a circulation throughout every country in America where the Spanish is spoken.

We may not be able to boast of our Demosthenes or Cicero, with their silver tongues of eloquence, or an Aristotle to delve into the mysteries of the natural sciences, nor the profound philosophy of Plato or Socrates; but we believe we are worthy exponents and followers of the immortal Hippocrates, whose epitaph, borrowed from his precept, reads: "Life is short, opportunities fleeting, judgment difficult, treatment easy, and thought hard; but treatment after thought is both proper and profitable."

The mantle cast off by those who formerly held in their hands the destiny of our college has fallen upon good and worthy shoulders, and believing that our welfare and success as an institution is commensurate with that of the col-

lege, that if we "act our part, therein the honor lies," the present attainment shall be eclipsed by future achievements. Like in the case of the famous oration on the "Northern Laborers," the history of the college is our history; we may advance its interest or we may retard it; just in proportion as we draw our inspiration from its prestige; we may also add additional force to that source as we establish our own reputation.

May God bless our alma mater, and its chief good still continue to be the guiding star of our glorious alumni.

"Philadelphia as an Educational Centre" was the toast to which Prof. Albert H. Smythe responded:—

Scarcely could there be assigned to me a toast to which it would be to me a greater pleasure to respond than this of the educational history and eminence of Philadelphia; for I have been for several years as a voice crying in the wilderness, proclaiming the priority and the pre-eminence of our Philadelphia institutions.

Ever since 1834, when George Bancroft published the first volume of his "History of the United States," the source of American culture and the origin of American institutions have been persistently misstated. The historians of New England have built into elaborate and brilliant narrative the splendid place of New England in an intellectual development. And the most recent of these histories, by a Massachusetts man of learning and acumen, doffs Pennsylvania blandly aside without mention of John Wilkinson, and dismisses Anthony Wayne with a score of words.

And yet nothing is more clear than that Philadelphia was, at the beginning of this century, the old literary capital of the nation, and that it deserved then the name—"the Athens of America"—that Boston has since boasted.

One hundred years ago the only scientific foundation within the republic that was not in Philadelphia was the American Academy of Boston. Ours was the first Philosophic Society, the first observatory, the first Natural History Museum, the first botanical garden, and the first circulating library. The press of Philadelphia was the busiest and the boldest in the country. Here were made the earliest American editions of the ancient classics and the English poets. Philadelphia gave to the country the first Aristotle, the first English Bible, the first Shakespeare, and the first Milton. In nearly every case the first experiments in literature were made in Philadelphia, and, having proved successful, then were carried to their legitimate conclusions by New England followers. Ours was the first monthly magazine, the first daily paper, the first religious magazine, the first

mathematical journal, and the first juvenile magazine. The University of Pennsylvania became a university one year before Harvard rose to the same distinction.

Ours was the first medical school, and, just as when Sergeant and Hutchinson and Rush imparted to Thomas Paine the suggestions of "Common Sense," the current phrase began,— "smart as a Philadelphia lawyer." So, when Philadelphia's medical schools began, her students became famous, and the city reached and kept the highest place in medical lore and practice.

And now, to the number of our medical institutions, and perpetuating the literary traditions of the city that produced the earliest medical literature, has been added this new and vigorous college—the Medico-Chirurgical—the youngest in years, but rich in promise, which already has won golden opinions from all sorts of persons, and, like Shelley's Sky-lark, is "an embodied joy whose race is just begun." It would be too long for me to mention all the men who have generously and zealously labored for the advancement of this institution. The night would not have time for me to tell the story; only I feel compelled, from personal admiration and respect, to pay tribute to the one, the co-laborer of Pasteur and Koch, the most learned of American bacteriologists,—the honored Dean of your Faculty; the other, the illustrious son of an illustrious father, whose mere name honors an institution with which it is identified. Such is the wealth and such is the history of Philadelphia. The Hon. Seth Low, in a recent address before the Johns Hopkins University, declared that there was a special duty which every city university owed to the community in which it existed, and that there was a particular line of work which each city institution could most successfully pursue. Thus, New York City is the greatest port of ocean-traffic. It is the landing-stage for most of European immigration, and, as through its gates the tide of foreign travel flows, the problem of social life can best be studied there; and so Columbia has established a school of Sociology. Chicago, the chief railroad-centre of the country; and there the problems of transportation can be studied to the best advantage. In Baltimore the race-question thrusts itself upon the observation and furnishes opportunities to the students of that and kindred problems. But in Pennsylvania the learned institutions have a more difficult task; the vast mining interests of the State have brought into it a miscellaneous and densely-ignorant population. Philadelphia is practically the only important centre of culture and intellect in the State. From the city, therefore, must go forth the influences that chasten and subdue. We

cannot spare one of our schools or libraries; we must strengthen each. The efficiency of the medical college is largely determined by the previous preparation and training of the students. When the unseen foundations of culture are laid deep and strong in the subordinate schools the medical student is capable of profiting in the largest measure by his professional studies. The urgent need of Philadelphia is to strengthen her lower schools, lift her High School to the proportions of a popular college, and so furnish material out of which the professional schools can furnish men who will be an ornament and power in the city and the State. Upon such a future depend the security of our social structure and the fullness of our intellectual life.

Hon. Mariott Brosius was next called upon and responded, in a witty manner, as follows:—

I have heard a banquet defined as an occasion on which good things are eaten and dull things spoken; I am quite sure, and I say it to the credit of the management, that this banquet upsets the definition, for, while this board has groaned under a weight of gastronomic attractions rarely surpassed, we have also heard some exceedingly bright and clever things said. After having afflicted you for so long a time in the other hall, did I not feel so profoundly sensible of the wealth of cordiality with which you have greeted me to-night, I might exclaim, "Insatiate monsters, will not one hour suffice!" If I were cruel enough to prolong your punishment, I would feel that I ought to say something about medicine or surgery in order to be interesting, for you, doubtless, are as partial to that subject as the Denver congregation was to silver. A New England preacher was substituting in Denver on one occasion, and while discoursing fervently on Jerusalem, her pearly gates and streets paved with gold, the resident pastor sitting behind him, pulled his coat-tail and said, "Put a little silver in, brother, or you won't get any engagements." But as I was not booked for any remarks at this stage of your festivities, I decline to be put into leading strings, I will take the liberty which the occasion invites to say that I agree with all that has been said about the greatness of Philadelphia and Pennsylvania. Indeed, I think every stranger who enjoys the hospitality of this great city ought to be congratulated, I do not in the least feel the vanity which Noah Webster betrayed on a memorable visit to this city. He was met by Dr. Rush, who congratulated the distinguished stranger on his arrival at the great city of Philadelphia. Mr. Webster, lifting himself to his full height, re-

plied: "Oh, sir! the city of Philadelphia may congratulate herself on my arrival."

One of the many superb jewels that glitter on Pennsylvania's fine brow is "Charity." And I would like to smooth the edge of the structures of New England civilization by my friend on the right, who has, with so much spirit and eloquence, extolled the character of Pennsylvania's educational work.

I do not doubt that some of the good things in our civilization came from the New England seed-bed—were first propagated in her fertile gardens; but they only became perfect when they were crossed by Pennsylvania's culture. In their native character they had to be apologized for. I remember a cruel wit, penning some apologetic lines on New England which I feel like repeating in her behalf:—

"Speak not of the pilgrims with jeers;
They thought they were serving their Maker
When they cut from the Baptist his ears
And choked the decorous Quaker.

Their witchcraft you are not to allude,
Nor tell of the saints they have banished,
For we know their intentions were good,
And their bigotry has long ago vanished."

Thus, having the civilization on one side of Pennsylvania, to get her true position we must note what was on the other side.

The character of the ideas that spring from another seed-bed, under warmer rays and a more genial atmosphere, that bloomed and fruited to the south of us, has been expressed also in rhymes, which I crave your indulgence to repeat:—

"Underneath the gum-tree the Southerner sat,
Aweaving the braid in his palmetto hat,
Relieving his mind of a terrible load
By humming the words of the following ode:

'Oh for a nigger, oh for a whip,
Oh for a cocktail, oh for a nip,
Oh for a crockata Yankee school-teacher,
Oh for a shot at old Greeley and Beecher.'

And so he kept owing for all he had not,
Not content with owing for all he had got."

Thus you see Pennsylvania environed by two distinct forms of civilization,—on the one side the civilization of the "seer," on the other that of the "overseer." She had a clear duty in the situation, and she performed it with her accustomed heroism. She applied the pruning-knife to New England, and ploughed under the wild and poisonous tangle-wood of the South, and cleaned the ground for cuttings from her own splendid culture. These cuttings, it must be confessed, have not arrived at perfection, but that is due to the soil and not to the cuttings. But, on the whole, the situation, north and south of us, has been distinctly improved by Pennsylvania's culture. So that while I am willing to cover with the mantle of charity any

short-comings of the sections, I am swift to unite with you in extolling the merits of this great State; and, in view of her conspicuous agency in the development of the best civilization yet attained, I deliberately take the laurel from every other, and place it upon the fair brow of Pennsylvania.

The toast "Philadelphia as a Medical Centre" received a very fine response in the following words by Dr. F. Persifor Frazer:—

Mr. President and gentlemen of the Alumni Association of the Medico-Chirurgical College: I appreciate highly the honor you confer upon me by your selection to respond to the toast, "Philadelphia as a Medical Centre," in the place of his Honor, Mayor Warwick, unfortunately absent from this festal board.

The subject of the toast is one of great interest for us all, and by a happy coincidence I am able to view it from a somewhat newer stand-point than is afforded by the mere enumeration of statistics.

Two years ago, in the course of preparing for the Bureau of Education an article which attempted to collect the records of work in pure science of the Alumni and Professors of the University of Pennsylvania, it became more and more apparent that up to eighty years since, with few exceptions, the men of scientific research in all branches were in very large majority physicians; and it is highly probable that this will be found to be the case over the whole world, even as late as 1820. It is not that there were no great experimenters and philosophic minds whose bent was other than in the direction of curing, but the only schools where the student was brought face to face with nature were medical schools; and, besides, there were no generally known titles (as there are now) but the single one of Doctor of Medicine, which would carry the impression to the public that the possessors were not idlers and dreamers spending their time with retorts and air-pumps. So it came about that the physicians held during centuries the seeds of all natural sciences in trust during the minority of the specialists, as the monasteries during the Middle Ages did the precious fruits of literature and art.

A few of the names of the physicians who laid the foundation of Philadelphia's greatness in medicine will explain why the latter is and always has been a great centre of medical learning from her origin. Such are Dr. John Morgan, Physician-in-Chief of the American Army; John Redman; Rev. Hugh Williamson, M.D.; Benjamin Duffield, surgeon in the American Army; Philip Syng Physick,—"the Father of American Surgery"; James Woodhouse; Thomas Tickall Hewson, one of the founders of the National

Pharmacopœia; Robert Maskall Patterson; Jacob Green, Professor of Chemistry in Jefferson Medical College in 1822; Franklin Bache and George Bacon Wood, together the founders and editors of the "U. S. Dispensatory"; Casper Wistar; the three Bartons, and many others.

Philadelphia, more than a century ago, founded not only the oldest medical college on the continent, but one which has become one of the best in the world.

Another and another great medical school followed without weakening the productive force of our great city; which reminds one of a bird of Paradise, which shed one after another of her glorious, iridescent plumes, but replaces them by others. With an aggregate of upward of four thousand students of medicine in her medical schools,—viz., the University of Pennsylvania (U. P.), the Jefferson Medical College (J. C.), the Medico-Chirurgical College, the Woman's College, the Polyclinic College, and the Hahnemann College,—it does not seem likely that Philadelphia will soon lose this exalted position as the centre of the medical teaching; and the firm establishment of any great public benefaction, like the Medico-Chirurgical College, can but assure that pre-eminence.

The strong claim to the regard of the public possessed by your institution was unconventionally expressed, by one of its sincere friends, as follows:—

There's a fragrance pervading the Delaware's brink
Which gives a bouquet to the fellows who think.
Can it be the New Woman? The Penrose Committee?
The filtering reservoirs built for the city?
No; none of these boasts of an odor so high.
'Tis the Medico-Chi.

Who has dared the attempt to divide the renown
Of this Jefferson, Franklin, and Hahnemann town?
Who has fearlessly challenged the "ancient régime"
To a trial of strength in the public esteem?
Who has flung down the gauntlet defiantly? Why,
'Tis the Medico-Chi.

Who's the Pan that has laid what his prototype blew?
And the Coast that has sent of its bounty to you?
Who is he that would cancel the boulevard plan
And build a new hospital? Who is the man?
He's the Pan and the Coast with the vim and the will,
Which his name it is Bill.

From dispensary druggist to licensed Bodega,
From medico-alpha to medico-omega,
Is there any Greek letter more rare than the rest,
With more that suggests both the highest and best?
There is; and its eminence none can deny.
'Tis the Medico-Chi.

'Tis not in its symbols the learned may see
The statement locked up in U. P.
Nor can one reproach its immodest behavior
In taking J. C. from the name of the Saviour.
These colleges feel that a rival is nigh;
'Tis the Medico-Chi.

There's the Medi-Cocaine and the Medi-Cocu,
And the Medi-Columbus,—just passed from our view.
But if we intend to applaud with a zest
The latest sweet medico-thing (and the best),
Then three hearty cheers we will give, and a ti-
Ger for Medico-Chi.

"The Class of '95" was very well responded to by the Class Orator, William Henry Miller. Other toasts were very cheerfully and entertainingly responded to.

Among the guests were: Dr. H. Melvin Allen, Dr. Millard F. Allen, Dr. N. E. Allen, Prof. James M. Anders, Prof. W. Easterly Ashton, Dr. W. F. Babcock, Dr. Harry B. Bacon, Dr. F. L. Baker, Dr. T. T. Bland, Mr. C. William Bergner, Dr. Henry C. Boenning, Dr. George H. Borsch, Dr. G. M. Boyd, Mr. Francis M. Brooke, Dr. F. K. Brown, Dr. H. N. Brown, Prof. C. W. Burr, Dr. Frank M. Boyle, Dr. Robert B. Campbell, Dr. John W. Clark, Dr. Philip R. Cleaver, Dr. E. S. Coburn, Dr. John Welsh Croskey, Dr. E. A. Cruger, Dr. George E. Dahis, Mr. Samuel Disston, Dr. John H. Egan, Prof. Seneca Egbert, Dr. C. L. Eldredge, Dr. Frank Emery, Dr. F. Persifer Frazer, Dr. C. T. Faries, Dr. Henry Fisher, Prof. L. Webster Fox, Dr. Foster Frutchey, Dr. E. S. Gans, Prof. E. B. Gleason, Dr. Charles H. Gubbins, Prof. W. Frank Haehnlen, Dr. W. J. Hanlon, Dr. George C. Hanna, Dr. Carl Harris, Dr. W. S. Hibshman, Dr. J. P. Hillegas, Prof. W. C. Hollopeter, Dr. Walter N. Hornby, Prof. W. C. Hughes, Dr. George S. James, Dr. E. F. Kammerly, Mr. William King, Dr. Joseph R. Knight, Dr. W. Krause, Mr. Samuel Kurtz, Rev. Frank Lambader, Prof. Ernest Laplace, Dr. S. W. Latta, Dr. George F. Levan, Dr. David W. Levy, Dr. John Mellor; C. Carroll Meyer, Ph.G.; Dr. W. C. Miller, Dr. Jacob Mishkin, Dr. Enrique Montiel, Dr. Sidney Montegut, Dr. John H. Murray, Dr. Thomas K. McKee, Dr. John McLaren, Dr. Samuel H. Neal, Dr. Ar. Nicodemi, Dr. Daniel A. Nolan, Dr. S. E. Noll; Dr. M. O'Hara, Jr.; Prof. Isaac Ott, Prof. William H. Pancoast, Dr. H. F. Pfeuger, Dr. C. S. Phillips, Dr. William E. Powell, Mr. D. T. Pratt, Dr. Alexander Ramsay, Dr. C. Hubert Read, Dr. Stewart Reeser, Dr. Frank A. Roberts, Dr. Edna R. Rockhill, Dr. H. Wheaton Rodgers, Mr. Sylvan Rodelheim, Prof. A. E. Roussel, Prof. E. B. Sangree, Dr. J. Thompson Schell, Dr. J. William Schultz, Dr. John F. Shaw, Dr. D. W. Shelley, Prof. B. T. Shimwell, Dr. B. Frank Shires, Dr. F. B. Shoemaker, Prof. John V. Shoemaker, Dr. Joseph A. Shultis, Dr. Frank C. Skinner, Dr. W. H. Sloan, Dr. Joseph Slominsky, Mr. Walker V. Smith, Prof. Albert H. Smythe, Dr. I. Newton Snively, Dr. R. D. Snively, Dr. Grand Sparks, Dr. A. G. Sprissler, Dr. Charles O. Sterner, Dr. A. C. Stephens, Dr. W. Blair Stewart, Prof. W. S.

Stewart, Dr. Oliver Stout; Dr. I. Snively, Waynesborough; Mr. William M. Taggart, Dr. Edwin G. Thompson, Dr. Leonard Valdes, Dr. E. L. Vansant, Dr. John W. Vaughn, Dr. Joseph D. Wallace, Hon. Robert J. C. Walker, Dr. W. Newbold Watson, Dr. J. K. Weaver, Dr. R. Davis Webb, Mr. Theodore Wernwag; Dr. John Whann, Jr.; Mr. C. M. Wilkins, Dr. George Woodland, Dr. W. V. Woods, Dr. John S. Woodruff, Dr. H. D. Zandt, Dr. Herbert Ziebarth.

L. WEBSTER FOX,
Chairman Alumni Com.

ABSTRACTS.

LYCETOL IN LITHÆMIA.

The general practitioner, but more especially the neurologist, is frequently consulted by patients—generally, active and hard-working business and professional men—who present the train of symptoms commonly grouped under the name of lithæmia. These patients usually complain of backache and neuralgic pains, a feeling of lassitude, a disinclination to work; they are apt to worry and become melancholic, magnifying their ills; their digestion is often impaired, the liver torpid, the bowels sluggish. On examination the urine is found to contain an excess of uric acid and urates, which are readily deposited. It is generally believed that the symptoms briefly outlined above are due to the excessive formation of uric acid in the system and its deficient elimination, which, in turn, is caused by over-eating, overdrinking, and lack of exercise. In regard to the treatment, Professor Da Costa advises us to stop the amount of nitrogenous food ingested; to insist upon outdoor life and exercise; to get the skin-function fully at work; and he states that this will do a great deal at once. He recommends a diet consisting especially of green vegetables. Bread is to be largely forbidden; fatty matters must be taken sparingly; sugars are interdicted. Meats should be allowed only to patients who will follow instructions about exercise, and even then in great moderation, selecting especially the white meat of chickens and birds. Water should be drunk in abundance. With regard to the strictly-medicinal treatment, the administration of mild, laxative mineral waters several times a week and the

persistent use of alkalis, such as the carbonate of lithia, are highly recommended. Recently, however, a remedy has been brought forward which seems to have a promising future in this class of cases. Lycetol—as it is termed—combines the uric-acid solvent properties of piperazine with the alkaline properties of a tartrate. It has an agreeable taste, and will not disorder the most sensitive stomach, rendering it suitable for prolonged administration; it keeps the uric acid in a soluble form, preventing its accumulation in the tissues and facilitating its elimination from the system. In short, it is a remedy eminently adapted for lithæmic cases. The dose of lycetol is about 5 grains three to four times daily, given in a glassful of water, and its administration should be continued for some time after positive improvement has resulted.

THE THERAPEUTIC APPLICATIONS OF PHOSPHOGLYCERATE OF CALCIUM.

The important rôle of the phosphates in the animal organism has long been recognized. Their value is due to their principal constituent, phosphorus. This principle, it is known, occupies an important position in the system. It is found in the brain, spinal cord, the nuclei of cells, blood-globules, the yolks of eggs, and milk, the phosphoric acid existing in various organic combinations. As in all these combinations it is phosphoglyceric acid which acts, it is rational to seek to administer the salts of calcium under the only form in which they are really assimilated, *i.e.*, as physiological phosphates or phosphoglycerates.

Discovered by Pelouze, the phosphoglycerate of calcium, until lately, notwithstanding numerous efforts on the part of chemists, remained a laboratory product impossible to prepare industrially, and, in consequence, was consigned to oblivion, although there were strong reasons for believing in its therapeutic value.

The communication made by M. A. Robin to the Academy of Medicine, on April 24, 1894, caused the question of the phosphoglycerates to enter upon a new phase. Struck by the fact that certain patients eliminated by the kidneys quantities, sometimes considerable, of incompletely-oxidized phosphorus, M. Robin endeavored to furnish phosphorus to the organism in the state of combination approaching as near as possible to that in which it exists

in the nervous system. Depending upon the results of his clinical experiments, he concluded, in his communication, that the phosphoglycerates improve the general nutrition by the intermediation of the nervous system, and that, therefore, they are powerful therapeutical agents.

They are of value in all cases where it is necessary to improve the nutrition and stimulate the activity of the nervous system. Certain forms of neurasthenia will, consequently, be benefited by the administration of phosphoglycerate of calcium. Such cases are marked by nervous depression, diminution of muscular force, inaptitude for mental labor, insomnia, vertigo, etc. The remedy is useful also in ataxia and paralyzes, as well as in phosphaturia, chlorosis, anæmia, phthisis, and convalescence, especially from the grippe,—in a word, in all affections where the system needs an energetic stimulant.

In the course of my researches on the action of phosphoglycerate of calcium, I have been led to employ it in several nursing women whose lacteal secretion was, or from various causes became, deficient. The results have been most satisfactory, and for this reason I have reported two cases which can be added to those which I have collected upon the use of this remedy in cases indicated by M. Robin.

Case 1. Anæmia with nervous disorder consecutive to a gastro-enteritis decidedly ameliorated by the syrup of phosphoglycerate of calcium.*

Case 2. Nervous symptoms following grippe contracted by a neurasthenic subject. Rapid cure by phosphoglycerate of calcium.*

Case 3. Grippe in a neuropathic patient. Great debility. Rapid cure by glycerophosphate of calcium.*

Case 4. Epidemic influenza. Pulmonary congestion. Serious general condition, with considerable prostration. Excellent effects of phosphoglycerate of calcium.*

Case 5. Epidemic influenza with bronchitis. Very tardy convalescence. Considerable debility promptly cured by wine of phosphoglycerate of calcium.*

Case 6. Neurasthenia of a year's duration. Much improved in a month by phosphoglycerate of calcium.*

Case 7. Multipara, 35 years of age, never having previously been able to nurse her babe. Laborious accouchement. Fever for eight

days. Almost complete absence of milk. Administration of phosphoglycerate of calcium.* Remarks: It is very certain that the syrup of the phosphoglycerate of calcium exercised a decided influence upon the lacteal secretion of a woman who had just suffered a considerable traumatism (forceps applied at the superior straight), and who had a slight elevation of temperature for several days. With its administration coincided an increased secretion of the mammary gland, recognized by the mother and evidenced by the continued gain in weight of the babe until the remedy was, perhaps too abruptly, discontinued. Improvement then became less marked, but was again manifested when the syrup was resumed.

Case 9. Multipara, 46 years of age, who had never nursed her babe. Normal accouchement. Regular lying-in period. Secretion of milk very deficient. Administration of phosphoglycerate of calcium.* Remarks: This case shows in a very evident manner the remarkable effects of the wine of phosphoglycerate of calcium upon the secretion of the mammary gland. The remedy manifestly acted under very unfavorable circumstances, *i.e.*, in a multipara, aged 46 years, who had never nursed a child.

Case. 10. Cerebral anæmia due to excessive and continued application and responsibility. Great improvement from phosphoglycerate of calcium.* Remarks: From the cases cited it appears that, as stated by Robin, the phosphoglycerate of calcium is an efficient remedy in cases of nervous depression from whatever cause. It is a powerful therapeutical agent and its applications are numerous.—DR. LAFAGE, in *La Tribune Médicale*.

SULPHONAL AFTER ABDOMINAL OPERATIONS.

Sulphonal possesses properties which render it a very desirable hypnotic after abdominal operations. These are its safety, reliability, and freedom from depressing effects upon the circulatory and respiratory organs. There is a tendency among gynæcologists, generally, to restrict the use of opium and other narcotics as much as possible in the after-treatment of these cases. In a "Manual of Nursing in Pelvic Surgery," recently published, Prof. L. S. McMurtry, of Louisville, writes as follows on this subject: "The use of opium after sur-

* The brief histories of these cases are omitted.—Tr.

gical operations is pernicious in its effects and should be avoided if possible. It gives temporary ease and rest, but locks up the secretions, blunts the nerve-centres, and begets nausea, vomiting, and accumulation of gas in the intestines. In cases wherein the patient has, in consequence of prolonged suffering, become addicted to the daily use of this drug, and is very nervous, and with frail persons it may be impracticable and injudicious to altogether withhold it from them. These cases are, however, exceptional, and, in the general course of operations for pelvic disease it is the best to discard opium altogether from the after-treatment." On the other hand, the experience of many abdominal surgeons goes to show that sulphonal is entirely devoid of these disadvantages of opium, and can often be utilized with advantage for the relief of the insomnia in operative abdominal cases. Prof. Alexander J. Skene states "that sulphonal does remarkably well in these cases as a sleep-producer, and is much preferable to bromide, chloral, or any combination of such remedies. It produces the desired result in the great majority of cases that are not kept from sleep by severe pain." Dr. H. C. Crowell, of Kansas City, also expressed the opinion "that morphine has no place in abdominal surgery unless the patient suffers unusual pain; restlessness can usually be controlled by sulphonal." Dr. A. H. Cordier, in an interesting discussion on the "After-Care of Laparotomized Patients," voices the same sentiment and says: "These patients have a great disposition to restlessness for two or three days after operation and an inability to sleep. If you give anything for this I would advise 15 grains of sulphonal, which will induce sleep."

TYPHOID FEVER AND HYSTERIA.

The ancient adage, "*Febris accedens spasmos solvit*," appears to lose its value in regard to hysteria. Two cases, one of which was reported to the last Congress of Medicine at Lyons by Professor *agrégé* Ranzier and the second of which is unpublished, contradict emphatically the above saying by the development of hysterical convulsions during the course of typhoid fever and in presence of an elevated temperature. The first case was that of a young woman who had been a short time

married, and who was attacked by typhoid fever. She possessed an excitable temperament, but had never suffered from convulsive seizures. The fever, in the beginning, was accompanied by a high temperature and an irresistible premonition of death. About the fifteenth day, notwithstanding cold baths, and when the temperature was very high, lethal symptoms suddenly appeared. Consciousness was lost; the pulse became thready, extremely frequent, and finally ceased; the cardiac pulsations were dull and confused; the respiration was embarrassed and tardy; sweats supervened, the eyelids were half-closed, and an ominous hiccough occurred. The family was summoned in haste, in order to be present at the last moments of the patient. Abruptly, the scene changed; the body stiffened, was thrown forward, describing an arc of a circle, and a formidable attack of convulsive hysteria succeeded the premonitory spasms. The crisis passed, leaving in its train a profound depression. On the following days new attacks took place until the patient died from exhaustion. Here the words of the author may be quoted: "Two points seem to me of interest in this case,—the signs of death preceding the development of an hysterical crisis, of which they, in some sort, represent a vasomotor aura; secondly, the manifestations of hysterical convulsions during the hyperpyrexia of typhoid fever. Without doubt, we appreciate to day the importance of infection in the etiology of neuroses, which it may awaken or excite; but in most cases of the kind the effect is post-infectious, and occurs during defervescence or convalescence."

The second case was that of a young girl, a full account of which cannot be given, as it is still under treatment. In the case of a serious typhoid fever accompanied by perisplenitis and perityphlitis opening spontaneously into the vagina, the writer was present at an explosion of hysteria in the convulsive form, of which the patient had previously never experienced any symptom. As in the first case, the manifestation occurred during the febrile stage, with a temperature ranging about 40° C. (104° F.). Attacks have since continued, with an interval of a few days between each, but re-appearing at the date of writing, when the patient had been for some time convalescent.—Montpellier Correspondence of *La Médecine Moderne*.

HERPETIC STOMATITIS.

In a recent lecture M. Marfan exhibited a child, 2 years of age, attacked by herpetic stomatitis. The child had been brought to the hospital on account of restlessness and fever, with slight swelling of the submaxillary glands. Upon examining the mouth, grayish spots were seen upon the tongue. These spots, of fibrinous and diphtheroidal aspect, were round and encircled by a red areola. They were situated upon the dorsum of the tongue, near the tip. Adjacent to the frænum of the tongue, upon the inner face of the lower lip and its frænum, were also ulcerations covered with a grayish, fibrinous exudate. Upon the free edge of the upper lip and the labial commissure was a typical eruption of herpes. It may, therefore, be concluded that the buccal lesions were of the same character. If the herpes labialis had not been observed the case would have been considered one of aphthous stomatitis, for the lesions of the mucous membrane are identical with those described under the latter name.

As M. Marfan has often witnessed similar manifestations, he is convinced that the aphthous stomatitis of authors is nothing else than herpetic stomatitis. The latter, equally with herpetic angina, habitually assumes the pseudomembranous and diphtheroidal appearance.

In the same connection M. Marfan inquires whether most of the cases described under the name of impetiginous stomatitis are not identical with herpetic stomatitis. He has never, in typical impetigo of the face, met with lesions of the buccal mucous membrane. The authors who describe an impetiginous stomatitis support themselves upon the co-existence of buccal and cutaneous lesions, which they ascribe to impetigo. In the cases, however, which have been brought forward as impetiginous stomatitis, M. Marfan believes it is easy to show that the cutaneous lesions are not those of impetigo, but of herpes disguised by scratching and secondary inoculations.

If it is true that the aphthæ of man and kine are of the same nature and may be due to contamination by the milk of affected cows, it must be admitted that the herpetic fever of man is identical with the aphthous fever of cows. Upon this subject, however, there is a series of unknown cases which can only be explained by bacteriology. It may be asked

whether the pneumococcus does not play a part in the production of herpetic fever.

It is easy to distinguish herpetic stomatitis from ulcero-membranous stomatitis. The characters of the ulceration are sufficiently alike, but their situation and mode of development are very different. Ulcero-membranous stomatitis always begins upon the gum and at the site of an emerging tooth, and the primitive focus inoculates the mucous membrane with which it is in contact (cheek and border of the tongue). The ulcers are never circular, but spread without well-defined form. Herpetic stomatitis has for its seat of predilection the tongue and inner surface of the lips; it is only occasionally that it afterward attacks the palate and the gums. These localizations, differing in the two forms of stomatitis, are always very clearly marked at the beginning of their evolution.

As regards treatment, the mouth must be frequently washed with a saturated boric-acid solution or a weak solution (1 to 500) of carbolic acid. It is also necessary to make direct applications to the ulcers. In the ulcero-membranous variety the dried chloride of calcium is recommended, a little of the powder being deposited by the finger directly upon the lesions. In herpetic stomatitis a 1 to 20 solution of nitrate of silver may be used or a 1 to 500 solution of permanganate of potassium. A solution of iodine and iodide of potassium in glycerin and water is also useful.

Herpetic stomatitis is often accompanied, in the beginning, by a violent headache and decided febrile movement. In such cases the sulphate of quinine should be given.—*La Médecine Moderne*.

THERAPEUTIC NOTES.

DIPHThERIA.

In the local treatment Dr. J. Morrison Ray, of Louisville, writes to the American Practitioner and News that, for several years, he has used a formula, as follows:—

R Hydrarg. bichlor., . . gr. j.
Hydrogen peroxide,
Glycerin, ... ʒiij.

M. Sig.: Use in atomizer every three hours, after washing parts well with douche.

If this solution is irritating, a small quantity of salt or bread-soda will lessen the irritating effects.

INFANTILE COLIC.

Dr. A. Ernest Sansom, of London, says, in the International Medical Magazine, that the most useful combination that he has used is the following, which has obtained such good repute that his patients have termed it "good-temper medicine":—

℞ Powdered rhubarb, . . . gr. ij.
Bicarbonate of soda, . . . gr. ij.
Fetid spirit of ammonia,
Spirit of nitrous ether, ℞ ℥ij.
Dill-water, . . . f ℥j.

M. Sig.: One drachm three times a day.

CHRONIC ALCOHOLISM.

Professor Zdekauer treated a patient with chronic gastric catarrh from drink with the following mixture:—

℞ Chlorine-water, . . . f ℥ij.
Decoction althæa, . . . f ℥vss.
Sugar, . . . 3ij.

M. Sig.: Tablespoonful every two or three hours.

As the result of this treatment, not only was the gastritis cured, but the appetite returned, the hypochondriacal stage disappeared, and the craving for drink, which had existed for years, vanished.

The same results are claimed in forty other cases of dipsomania similarly treated.—*American Medico-Surgical Bulletin*.

GLYCERIN COLD CREAM.

A formula communicated to the Medical World by Dr. W. E. Fowler, of Brookville, Kan., is

℞ Quince-seed, . . . 3iss.
Acid. boracic., . . . gr. iv.
Glycerin., . . . 3ij.
Alcohol., . . . 3iij.
Acid. carbolic., . . . gtt. x.
Cologne-water, . . . 3ij.
Rose-water, . . . q. s. ad Oj.

Dissolve the boracic acid in 4 ounces of rose-water, macerate quince-seed three hours, strain, add glycerin, etc.; lastly, add the carbolic acid. Color with crimson aniline.

MUMPS.

The swelling and pain are said to have been rapidly relieved by inunctions with

℞ Ichthyol.,
Lanolin., . . . ℞ part. æqual.—M.
—*Practitioner*.

HAY FEVER.

Dr. Greyson has good results from

℞ Sulph. conium,
Chlor. ammon., . . . ℞ gr. ss.
Opil pulv.,
Ext. belladonnæ,
Ext. aconiti, . . . ℞ gr. ʒ.

M. Sig.: One tablet every two hours till secretion stops; then one every four hours.

And

℞ Cocaine mur., . . . gr. x.
Menthol, . . . gr. xx.
Albolene (solid), . . . ʒss.

M. Sig.: Apply to nasal mucous membrane with small swab not oftener than every three hours.—*Medical World*.

INFANTILE DIARRHŒA.

M. Rosseau Saint-Philippe has obtained good results from antipyrin, given as follows:—

℞ Antipyrin., . . . gr. viij.
Syrup. simpl.,
Aque, . . . ℞ f ʒiss.

M. Sig.: Teaspoonful every two hours.—*Le Progrès Médical*.

FETID DIARRHŒA IN CHILDREN.

℞ Calomel, . . . gr. iss.
Sulphocarbonate zinc, . . . ʒi-iss.
Subnitrate bismuth, . . . ʒij.
Pepsin, . . . gr. xxx.

M. Twenty powders.

Sig.: Three per diem for a child of 1 year.—*Practical Medicine*.

EPISTAXIS.

Dr. Athill prescribes, in anæmic cases:—

℞ Strychninæ sulph., . . . gr. ʒ.
Tinct. ferri chloridi, . . . f ʒij.
Vini ergotæ, . . . f ʒss.
Elix. simplicis, . . . f ʒiss.
Aq. dest., . . . q. s. ad f ʒvj.

M. Sig.: Take a tablespoonful three times a day.—*Prescription*.

SCARLATINA.

As a mouth-wash, thrice daily:—

℞ Thymol., . . . gr. iv.
Acid. carbolic., . . . gr. xv.
Tr. eucalypti, . . . f ʒiiss.
Aque, . . . Oij.
Alcohol. (90 degrees), . . . q. s.—M.

Touch the throat every third hour with

℞ Resorcin., . . . gr. xv.
Glycerin., . . . f ʒv.
Aq. rosæ, . . . f ʒxx.—M.
—*La Tribune Médicale*.

PRURITUS.

A prescription of Dr. Orendorf's is:—

- ℞ Resorcinae,
Acidi salicylici,
Zinci oxidi,
Zinci carbonatis,
Amyl, . . . rubbed up with vaselin.

M. Sig.: Apply to parts. Also give tonics.
—*Medical Progress.*

PRURITUS ANI.

- ℞ Acid. carbolic., . . . gtt. xv.
Resorcin, . . . gr. xv.
Oil tar, . . . 3j.
Ung. ox. zinci, . . . 3ss.

M. ft. ungt.

Sig.: Apply.—W. R. DALE, M.D., Summer, Ill., *Pacific Record of Medicine and Surgery.*

ASTRINGENT GARGLE.

Any hæmorrhage after operations on the teeth can be controlled by the following gargle recommended by Viau:—

- ℞ Acid. tannic., . . . 3ss.
Chloroform, . . . 3j.
Tinct. rhatanæ, . . . 3ss.
Spirit. menth. pip., . . . 3ss.
Aquæ, . . . ad 3xvj.

M. ft. gargarisma.

—*Practitioner.*

GINGIVITIS.

For the gingivitis of smokers a teaspoonful of the following in half a tumbler of tepid water should be used as a mouth-wash:—

- ℞ Salol, . . . gr. xv.
Tinct. cachou, . . . 3j.
Spirit. menth. pip., . . . ad 3iv.
M. ft. lotio.

—*Practitioner.*

NASAL CATARRH.

- ℞ Sodæ biboratis,
Flor. sulphur,
Pulv. baptisia,
Zinc stearatis, . . . 3j.

M. Sig.: Use as a snuff.—DR. WM. R. LOWMAN, Orangeburg, S. C., in *Medical Summary.*

HEADACHE.

- ℞ Ætheris,
Spir. ammoniæ aromatici, 3j.
Aq. camphoræ, . . . f3x.
Tinct. cardamomi com., . . . f3j.

M. pro hausto.

Sig.: Take two or three times a day. In nervous headache.—*Prescription.*

SICK-HEADACHE.

- ℞ Sodii bicarb.,
Bismuthi subcarb.,
Pulv. acaciæ, . . . 3j grm. iv.
Spir. ammon. aromat., . . . grm. viij.
Ammonii bromidi, . . . grm. vj.
Syr. zingiberi, . . . grm. xij.
Aq. dest., . . . q. s. ad 250.

M. Sig.: One drachm, as required. Repeat if necessary.—*Prescription.*

ACUTE DYSENTERY.

The following prescription has been used in the Mandoli Regimental Hospital at Bhurtpure. It is said never to fail:—

- ℞ Quinin. sulph., . . . gr. ij.
Pulv. ipecac. rad., . . . gr. v.
Ammon. chlorid., . . . gr. x.
Tr. opii, . . . ʒij.
Aquæ, . . . q. s. ad f3j.

M. Sig.: To be given every four hours.—*Practitioner.*

RINGWORM.

Dr. Whitehouse says the following combination is most effective in ringworm and favus of the scalp:—

- ℞ Unguenti hydrargyri oxidi
rubri, . . . 3iij.
Unguenti sulphuris, . . . 3vj.
Unguenti zinci oxidi, . . . ad 3ij.—M.

In ringworm of the beard the following ointment has proved of inestimable value in his hands:—

- ℞ Olei cadini, . . . 3j.
Hydrargyri oxidi rubri, . . . gr. xij.
Hydrargyri ammoniati, . . . gr. xlv.
Sulphuris sublimati, . . . ʒj.
Lanolini, . . . 3j.—M.

SEBORRHOIC ECZEMA.

From the Skin Clinic of the Post-Graduate School of New York, Dr. Henry H. Whitehouse, in an article in the Post-Graduate, furnishes the following formulæ:—

- ℞ Resorcini, . . . 3ij.
Glycerini, . . . 3iij.
Spiritus vini rectificati, . . . 3iij.
Aquæ, . . . ad 3iv.—M.
℞ Resorcini, . . . 3j.
Tincturæ cantharidis, . . . 3v.
Tincturæ capsici, . . . 3vj.
Olei ricini, . . . 3ij.
Olei bergamii, . . . 3ss.
Spiritus vini rectificati, ad 3iv.—M.

Sulphur in combination with resorcin is

generally more effective than either remedy alone; following are the proportions:—

R Resorcini, ... ℥j.
Sulphuris precipitati, ... ℥ss.
Unguenti aquæ rosæ, ... ℥j.—M.

Chloral, beta-naphthol, and ammoniated mercury are also of benefit in some cases. The first is best employed in strength of 30 to 40 grains in 1 ounce of water, the second in strength of $\frac{1}{2}$ to 1 drachm in 1 ounce of simple ointment, and the third in the strength of 2 drachms of the official ointment to 6 drachms of simple ointment.

INTERTRIGO.

From the foregoing source Dr. Whitehouse selects

R Pulveris calami preparati ℥j.
Zinci oxidi, ... ℥ij.
Glycerini, ... ℥iij.
Acidi carbolici, ... ℥ss.
Aquæ calcis, ... ℥iv.
Aquæ rosæ, ... ad ℥iv.—M.

Ichthyol, wiped over the surface of an intertrigo in 4- to 5-per-cent. watery solution, is very effective, and in the following drying-lotion it is most valuable:—

R Ichthyol,
Magnesii carbonatis,
Zinci oxidi, ... ℥j.
Aquæ, ... ℥iv.—M.

PSORIASIS.

Dr. Whitehouse says: "In combination with dulcamara and an alkali, as follows, the fluid extract of yellow dock is particularly effective":—

R Potass. acetat., ... ℥vj.
Tr. nucis vom., ... f℥ij.
Extr. dulcamar. fl., ... f℥j.
Extr. rumicis rad. fl., q. s. ad f℥iij.

M. Sig.: Teaspoonful in water after meals.

Locally, in the majority of cases, white precipitate ointment in the following combination, answers better than anything else:—

R Acidi carbolici, ... gr. v.
Bismuthi subnitrat., ... ℥ss.
Unguenti hydrargyri ammoniati, ... ℥ij.
Unguenti aquæ rosæ, ... ℥vj.—M.

ROSACEA.

Dr. Whitehouse writes that in acne rosacea the fluid extract of yellow-dock root is particularly effective in removing the congestion, if given as follows:—

R Potassæ acetatis, ... ℥vj.
Tincturæ nucis vomicæ, ... ℥ij.
Extracti rumicis rad. fl., q. s. ad ℥iij.

M. Sig.: Teaspoonful in water, half-hour before the meals.

ACNE.

The following is taken from Dr. Whitehouse's paper:—

R Ætheris sulphurici, ... ℥iv.
Sulphuris precipitati, ... ℥j.
Spiritus vini rectificati, ad ℥iv.

SCABIES.

The appended ointment is much in use at the New York Post-Graduate School:—

R Storacis liquidi, ... ℥iv.
Unguenti sulphuris, ... ℥j.
Unguenti picis liquidi, ... ℥iv.
Saponis viridis, ... ℥iv.
Unguenti petrolei, ... ad ℥iv.—M.

CUTICURA RESOLVENT.

This preparation is said to consist of

R Aloes, socot., ... ℥j.
Rhubarb powd., ... āā ℥j.
Iodide potass., ... gr. xxxvj.
Whisky, ... Oj.

M. Sig.: Macerate over night and filter.—*St. Louis Druggist.*

TINNITUS AURIUM.

Dr. Patton gives

R Tinct. cimicifugæ, ... ℥clx.
Aq., ... f℥ij.

M. Sig.: Teaspoonful three times a day.—*Prescription.*

PAINFUL PHARYNGITIS.

R Morph. sulph., ... gr. iv.
Acidi carbolici,
Acidi tannici, ... āā ℥ss.
Glycerini,
Aq., ... āā ℥iv.

M. ft. solut.

Sig.: Paint the throat two or three times daily.—*Medical Press.*

CREASOTE-CALCIUM CHLORHYDROPHOSPHORICUM.

This compound is a white, syrupy fluid formed from carbonate of creasote and anhydrous chlorhydrophosphate of calcium. In phthisis and scrofulosis it has been thus prescribed:—

R Creasote-calcium chlorhydrophosphoricum, . . . f3i℥-iiss.
 Mucilage of Irish moss, . . f3ss.
 Oil of sweet almonds, . . f3vj.
 Syrup of Tolu, . . . f3vj.
 Water of orange-flowers, . . f3i℥.

M. ft. emulsion.

Sig.: Two teaspoonfuls daily. Shake before taking.—*La Médecine Moderne.*

HYPERACIDITY OF THE STOMACH.

Dr. Lemoine advises large doses of bicarbonate of soda to be administered at the moment digestion is supposed to finish, shortly before the usual hour for discomfort to set in. He gives for each dose:—

R Sodæ bicarbonat., . . gr. xl.
 Lithiæ carb., . . . gr. iij.

In a cachet. This is swallowed with half a tumbler of tepid Vichy water about 11 A.M., 3 P.M., 6 P.M., and 10 P.M. In acute cases as much as $\frac{1}{2}$ ounce of alkali may be given in the twenty-four hours without inconvenience.

If there is any diarrhoea, such as not infrequently takes place after meals, the contents of each cachet are altered as follows:—

R Sodæ bicarbonat., . . gr. xl.
 Calcii phosphat., . . gr. xv.
 Cretæ preparatæ, . . gr. x.

And if the diarrhoea is fetid, internal disinfectants should be added:—

R Sodæ bicarbonat., . . gr. xl.
 Benzo-naphthol, . . gr. x.
 Bismuth. salicylat., . . gr. vij.
 Pulv. opii, . . . gr. ℥.

Constipation may also be observed in these cases, and magnesia is then especially indicated on account of its alkalinity:—

R Calcii carbonat., . . gr. xv.
 Magnes. carb., . . gr. xv.

In a cachet. Two of these to be taken alternately with two packets of bicarbonate of soda.

The following is a convenient form of alkali, and can be dispensed without the use of cachets:—

R Sodæ bicarb., . . . 3ss.
 Bismuth. carb., . . . 3ss.
 Pulv. cinnamon. co., . . 3ij.
 Ess. menth. pip., . . 3j.
 Magnes. carb. pond., . . 3vj.

M. ft. pulv.

Sig.: A teaspoonful when required after meals, stirred in water.

A typical alkaline mixture for such cases is

R Sodæ bicarb., . . . 3ij.
 Tinct. rhæi, . . . 3iv.
 Tinct. zingiberis, . . . 3iij.
 Inf. gentian. co., . . ad 3viij.

—*Practitioner.*

AMMONIUM SUCCINATE IN SPASMODIC UTERINE CONTRACTIONS.

Dr. S. Rémy speaks very highly of the effects of ammonium succinate in cases of protracted labor, owing to spasmodic contractions of the uterus. He exhibits the medicament in doses of 1 gramme (15 grains) in a potion of 140 grammes ($4\frac{3}{4}$ fluidounces), of which a tablespoonful is given every quarter of an hour until the spasm ceases.

The effect of the remedy is promptly manifested. In the case of a primipara, for instance, in whom the opening of the cervix was only the size of a shilling and the labor had lasted for eighteen hours, the very first spoonful of the mixture produced a decided effect. Dilatation rapidly occurred, followed two hours later by breaking of the waters, and spontaneous delivery soon took place.

The same holds good for other parturients to whom the author has had occasion to administer ammonium succinate, among them being a case in which the slow labor was due to the existence of hydramnios.

This remedy is said to be serviceable also for combating spasm of the internal orifice at the placental stage.—*American Medico-Surgical Bulletin.*

EARACHE IN CHILDREN WHEN THE DRUM IS NOT PERFORATED.

R Camphor,
 Chloral hydrat., . . 5℥ gr. x.
 Carbolic acid, . . . ℥x.
 Castor-oil, . . . 3ss.

M. Drop in the ear warm, filling the ear full and covering with a cloth wrung out of hot water, as warm as can be borne. This will not disappoint you.—*Northwestern Lancet.*

BAPTISIA AS A THROAT REMEDY.

In the course of an interesting article on throat remedies, Dr. T. G. Stonham says: "In ulcerated sore throat of infective nature, and especially resembling diphtheria, baptisia is often very serviceable. I have not observed the presence of the symptom 'absence of pain' co-existing with the ulceration to be always neces-

sary; it seems to act equally well in other cases where pain is felt. In the late epidemic of influenza many cases had inflamed and ulcerated tonsils as one of the most prominent symptoms, and here baptisia acted very efficiently."—*Prescription.*

FORMULÆ FOR FERROPYRIN.

Ferropyrin is a compound of antipyrin and ferric chloride, introduced by Dr. W. Cubasch, a physician of Stansstad. It consists of 3 molecules of antipyrin and 1 molecule of ferric chloride, and thus contains 64 per cent. of antipyrin, 12 per cent. of metallic iron, and 24 per cent. of chlorine. It occurs as an orange-red, impalpable, permanent powder, soluble in 5 parts of water at 15° C. (59° F.), but requiring 9 parts of boiling water for solution. Heating, therefore, precipitates it from its cold solution, in the form of ruby-red leaflets, melting between 220° and 225° C. (428° and 437° F.). It is soluble also in alcohol, wood spirit, or benzol, but almost insoluble in ether.

Dr. Cubasch has employed ferropyrin in anæmia, chlorosis, migraine, divers neuralgias, and in other affections where a combination of iron and antipyrin appear to be indicated. The dose is 0.5 to 1 gramme (7½ to 15 grains).

In anæmic and chlorotic patients, especially if they complain of headache, migraine, gastralgia, or other similar nervous affections, the beneficial effects were quickly noticeable, even when the remedy was given in small doses.

In simple chlorosis Dr. Cubasch gives the following:—

℞ Ferropyrin, ... 0.6 grm.
Syrup orange, ... 20.0 grms.
Distilled water, ... 180.0 grms.
M. Sig.: Tablespoonful three times a day.

To patients exhibiting dyspeptic disturbances Dr. Cubasch prescribes the following:—

℞ Ferropyrin, ... 0.6 grm.
Dil. hydrochlor. acid, . . 5.0 drops.
Pepsin (Ph.G.), ... 5.0 grms.
Distilled water, ... 200.0 grms.
M. Sig.: Tablespoonful after each meal.

When palpitation of the heart is present, the following mixture is said to give good results:—

℞ Ferropyrin, ... 0.6 grm.
Ether. tr. valerian, . . . 4.0 grms.
Distilled water, ... 200.0 grms.

M. Sig.: Tablespoonful two or three times daily.

In case of chronic intestinal catarrh, the dose may be increased to 0.1 to 0.2 gramme (1½ to 3 grains) two or three times a day. Tincture of opium (with which ferropyrin forms a dark solution) and tincture of calumba may be added, according to circumstances, as follows:—

℞ Ferropyrin, ... 0.6 to 1 grm.
Tincture opium, ... 2.0 grms.
Distilled water, ... 200.0 grms.

M. Sig.: Tablespoonful every three hours.

Or,

℞ Ferropyrin, ... 0.6 to 1 grm.
Tr. calumba comp., . . . 300.0 grms.
Distilled water, q. s. ad 200.0 grms.

M. Sig.: Tablespoonful every three hours.

Nervous troubles, headaches, gastralgia, and other painful symptoms, if of chlorotic origin, usually disappear during the first week of the treatment, it is reported; the appetite is improved, the menses become regular, and œdema is quickly removed.

Topically, ferropyrin has proved an hæmostatic and astringent of great value. Dr. Hedderich, of Heidelberg, has used it in many operations of the nose and throat, and found it a reliable styptic, possessing the advantage over other drugs of this class of being free from caustic properties. In nose-bleed it may be used in powder, or in 20-per-cent. aqueous solution, to arrest bleeding; and in gonorrhœa in 1 to 1½-per-cent. solutions.—*American Medico-Surgical Bulletin.*

PERIPHERAL FACIAL PARALYSIS IN SECONDARY SYPHILIS.—A case of peripheral facial paralysis in the secondary stage of syphilis is reported by A. Boix. Simultaneously with the facial paralysis there was a herpes zoster occipito-cervicalis. A cure was accomplished in six weeks. As the cause of the affection, Boix considered a compression of the facialis by meningitis sclero-gummosa, from osteitis or periosteitis of the aqueduct of Fallopius. Syphilitic neuritis was excluded. The appearance of the paralysis in the secondary stage presaged an early occurrence of tertiary symptoms and indicated a high degree of intoxication.—*Virginia Medical Monthly.*

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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Philadelphia, June, 1898.

THE FORTY-SIXTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

ANOTHER annual occasion has come and gone, and once again have physicians from all quarters of our country gathered together in fraternal reunion. These assemblies are of the utmost importance to the welfare of the profession. Medicine is pre-eminently a practical profession. It is not in the library that we become practiced in the principles and details of our art, but in the dissecting-room, in the laboratory, and at the bedside. Books are of value to us in so far as they are the records of experience. Much of the results of daily observation, however, is unrecorded, and only transmitted by personal intercourse. In the county societies, the State and national associations, therefore, the discussion of papers elicits and makes public property many points which otherwise might have been restricted to more narrowed circles. The association of contact, the *vis à vis* declaration of individual views, observations, convictions, and methods cannot fail to have a stimulating and beneficial influence upon the intellect. The contributions presented to our national assemblies come from men who have enjoyed a wide experience. The custom of holding the annual meetings in different and distant cities is also of advantage to the general profession. The social intermingling of delegates is influential in unifying and concentrating our allegiance to the best interest of American medicine.

The meeting at Baltimore was successful and full of interest from both scientific and social points of view. Baltimore is an attractive city, and the hospitality of its people is

proverbial. Blest with charming hosts and a rich and abundant market, the entertainment of visitors leaves nothing to be desired. The seat of noble institutions of learning, it is particularly well fitted as a meeting-place for a scientific body.

The president's address, by Professor Donald Maclean, of Detroit, was a suggestive review of the development of certain great movements which have influenced medicine within the professional life-time of the speaker and many of his auditors. Anæsthesia, evolution, the general abandonment of heroic venesection, the birth and growth of gynecology, the revolution of surgical methods due to Lister, and the study of bacteriology are grand achievements which will forever stamp the last half of the nineteenth century as an epoch-making period. The future historian of medicine will trace how the pregnant conceptions of Darwin exerted a mighty influence in shaping the course of the healing art. The profound and wide-reaching studies of Louis Pasteur have opened up entirely new vistas in pure and applied science. It seems within the range of possibility that, as a result of modes of investigation inaugurated by the French chemist, we shall eventually gain a more complete control over the attacks and ravages of infectious diseases. The activity of many votaries of science is constantly being directed into channels which promise the greatest practical results. Dr. Maclean alluded briefly to the great problem of educational methods, and concluded his address with a brief but earnest plea for the creation of a National Bureau of Health. This is an object, indeed, which should command the firm support of the American profession.

The work of the sections was well arranged and well executed. In the section on Practice of Medicine improved methods of therapy received attention in the address of the chairman, and in the papers of Drs. W. Xavier Sudduth, I. N. Love, and J. H. Hollister. A morning session was devoted almost exclusively to various questions relative to tuberculosis. Dr. Paul Paquin, of St. Louis, expounded his views concerning the treatment

of that disease with blood-serum, and Dr. De Lancey Rochester, of Buffalo, N. Y., read a report of thirty-three cases treated by Carosso's method. An afternoon was mainly occupied with papers and discussions on malaria,—a subject which appeals forcibly to practitioners in many parts of the United States. A noteworthy contribution was a statistical report on malaria and its complications by Prof. James M. Anders, of Philadelphia.

In the section on Surgery and Anatomy the subject of appendicitis was discussed, and Dr. De Garmo, of New York, read a careful paper on the surgical treatment of hernia. Professor Senn presented a paper upon the treatment of malignant tumors by the toxins of the streptococcus of erysipelas. The distinguished speaker had formed a conclusion adverse to the employment of this method. An interesting communication by Dr. David D. Stewart, of this city, described a case of sacculated aneurism successfully treated by electrolysis through introduced wire.

In the section of Obstetrics and Diseases of Women the treatment of uterine fibroids was considered from different points of view, by Drs. Joseph Eastman, of Indianapolis; A. Laphorn Smith, of Montreal, Can., and Byron Robinson, of Chicago. Professor Senn described the technique of a new method of abdominal hysterectomy. Dr. G. Betton Massey reported his results in the treatment of hæmorrhagic conditions of the uterus by zinc amalgam cataphoresis. Several papers upon symphysiotomy were presented.

The chairman of the Ophthalmological Section, Dr. Edward Jackson, of Philadelphia, delivered an excellent address upon the strength of the different mydriatics and myotics. The subject of cataract was discussed at length by several members. Prof. L. Webster Fox, of this city, read a paper upon "Evisceration of the Eyeball." An interesting and valuable communication was by Dr. W. F. Mittendorf, of New York, upon "Two Thousand Five Hundred Cases of Ocular Headache and the Different States of Refraction Connected therewith."

In the section of Laryngology and Otology a thoughtful address was delivered by the

chairman, Dr. John F. Fulton, of St. Paul, Minn. Dr. Turnbull, of Philadelphia, read an important paper on the "Treatment and Prognosis of Chronic Catarrh of the Middle Ear, with Deafness."

In the section on Diseases of Children papers upon typhoid fever in juvenile patients gave rise to an interesting discussion. Papers were also read upon the use of antitoxin in diphtheria. Hypnotism was thoroughly discussed from several points of view by the neurologists, and important communications were offered in regard to the employment of electricity in various diseases of the nervous system.

In Dermatology, Dr. T. E. Gilchrist, of Baltimore, exhibited protozoa in three cases of skin disease, and likewise presented a report on the pathology of herpes zoster. A number of syphilitic lesions were described by Ravogli, Bulkley, and Tuttle. Many important papers were laid before the Section on State Medicine. A notable feature of the meetings of this section was a symposium on alcohol, by members of the American Medical Temperance Association. Altogether, the proceedings of the forty-sixth meeting were instructive and profitable to the assembled members.

A subject which has caused much discussion and controversy was laid at rest by the determination of the Trustees, that the editor, with the close of the present contracts, should accept no advertisements of medicinal preparations the proprietors of which do not give a formula containing the official or chemical name and quantity of each composing ingredient to be inserted as a part of the advertisement.

Dr. R. Beverly Cole, of San Francisco, a long-time member of the association, was elected president for the ensuing year, and Atlanta, Ga., was chosen as the next place of meeting.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—The twenty-first annual meeting of this Association is to be held at Detroit, September 3, 4, 5, and 6, 1895. Dr. W. N. Wishard, of Indianapolis, Ind., is the President of the Association, and Dr. H. O. Walker, of Detroit, Mich., is the Chairman of the Committee of Arrangements.

AN EXTRAORDINARY CASE OF SYPHILIS OF THE TONSILS.

IN the overwhelming majority of cases the progress of syphilis and the aspect of its lesions are so characteristic that, even in the absence of a history of infection, a careful observer can experience but little difficulty in forming a diagnosis. Nevertheless, in every stage of the disease, we from time to time meet with manifestations which depart decidedly from the typical picture, and which compel us to pass in review various possibilities before we are justified in arriving at a positive conclusion. The initial sore may differ so widely in appearance from the Hunterian chancre as scarcely to be recognized. The superficial erosion of Bassereau is a well-known and common form of preliminary lesion and should not be mistaken. The herpetiform multiple chancre of Dubac, however, is quite capable of begetting confusion, and the same is true of the "infecting balano-posthitis" described by Mauriac.

As regards constitutional syphilis the fever which ushers in the secondary stage is at times so intense as totally to obscure the diagnosis, and may suggest the existence of an eruptive fever. A precocious outbreak of lesions which usually belong to a late secondary period not infrequently disturbs our conception of the march of the disease. Relapsing indurations, ulcerations, or ulcerated gummata upon the penis of old syphilitics are also capable of misleading the surgeon. Gummata in various situations sometimes bear a close resemblance to benign or malignant non-specific neoplasms. Finally, some unknown element of personal constitution may so modify a syphilitic lesion as to render a prompt diagnosis extremely difficult. It is of importance, therefore, that unusual manifestations of so wide-spread and destructive a disease as syphilis should be placed on record for the guidance of the profession.

For such reasons a case described by Dr. J. Sendziak, of Warsaw, is of unusual interest.* The patient, an unmarried woman, 28 years of age, had suffered for three weeks from a

sore throat and swelling of lymphatic glands on the right side of the neck. The trouble began suddenly with a slight fever of short duration. At the first examination white patches were seen upon the right tonsil, and the patient stated that they had been present from the commencement. The general condition was good, but, notwithstanding the use of gargles, cauterizations, and insufflation of antiseptic powders, there had been no improvement in the throat. The case had been thought by good observers to be one of diphtheria. The glandular swelling was about the size of a walnut and very painful to pressure. The skin by which it was covered was neither red nor adherent. The throat presented a remarkable appearance. The right tonsil was increased in size in the vertical diameter and narrowed considerably the passage. The singularity of the appearance was that the tonsil was entirely covered by a bluish-white, thick, and fatty membrane, which could not be detached from the parenchyma of the gland. The other parts of the buccal and pharyngeal cavity presented no apparent change except that the lingual or fourth tonsil was slightly reddened and considerably enlarged, but not covered by a patch.

Although Dr. Sendziak dismissed the thought of true diphtheria, it occurred to him that the case might be one of that so-called angina known as chronic fibrinous tonsillitis, a benign affection, marked by thick, diffuse membranes, with or without moderate inflammatory symptoms, the membranes renewing themselves after their fall or removal. This malady has nothing in common with genuine diphtheria, as is proved by bacteriological examination. Another supposition was that the case might be one of the forms described by Cadet de Gassicourt as "prolonged diphtheria,"—a chronic disease (with exacerbations) lasting a month or more, and not accompanied by fever. The thought of syphilis was dismissed at the time on account of the entire absence of lesions of the skin and lymphatic glands (except the right submaxillary gland), of any history of acquired or hereditary disease, and the dissimilarity of the local manifestations to those typical of lues.

* "Cas extraordinaire de Syphilis des Amygdales." *Revue de Laryngologie, d'Otologie, et de Rhinologie*, May 1, 1895.

With the object of studying a difficult case the patient was placed in a hospital. Various local applications having been used without effect, the suspicion of syphilis recurred, but, although favored by one specialist seen in consultation, was again abandoned. The patient was transferred to a special hospital for the purpose of adopting specific treatment. This idea, however, was relinquished, and under energetic applications of corrosive-sublimate solutions the condition of the throat was, for awhile, favorably modified. Nothing like a cure took place, however, and, thinking that possibly he had a sarcoma to deal with, the patient was sent to a third hospital. At this time the membrane had, to a large extent, disappeared, and the enlargement of the tonsil was much less marked, but pain on swallowing still existed. At the same time the left tonsil, which had previously been unaffected, became somewhat swollen and covered by an indistinct white membrane of entirely different aspect from that upon the right side. The lingual tonsil was also dotted with whitish spots, and the left submaxillary glands were somewhat tender to the touch. An exact diagnosis had not yet been made. The possibility of an hitherto-unknown form of pharyngeal mycosis occurred to the mind. In order to solve the last doubt the membrane was examined under the microscope. Nothing more was found, however, than streptococci, leucocytes, and the *débris* of altered epithelium. Culture experiments, also, revealed only the presence of streptococci. By this time the idea of malignant new formation was likewise dismissed, and there remained but the decision between two possibilities,—syphilis and chronic fibrinous tonsillitis. The absence of general syphilitic manifestations caused the reporter rather to lean toward the latter hypothesis. On the other hand, the involvement of the left tonsil re-awakened a suspicion of syphilis. One fact which might encourage a thought of syphilis was that the patient, two months prior to being attacked, had resided with a brother who was under treatment for syphilis. It was at length resolved to resort to the "touch-stone" method, or, as we express it, "diagnosis by treatment." Intra-parenchymatous injections

of corrosive sublimate were made to the number of ten, and large doses of iodide of potassium were given internally for twelve days. Sublimate gargles were also used. The result was surprising. The right tonsil commenced to clean after the first injections, and the patient swallowed with more ease. The cervical glands gradually diminished in size. The amelioration was so rapid that after six injections scarcely a trace of membrane was left, and after the seventh or eighth injection all the objective and subjective symptoms had completely vanished. No doubt remained, therefore, that this was an obscure case of syphilis. The result was a convincing demonstration of the value, in doubtful cases, of the diagnosis by treatment. This is a method, indeed, which is quite often employed in our hospitals. It is unmistakably of service when the nature of the disease is obscure and when, as happens specially with women, we can obtain no history of infection.

Dr. Sendziak concludes his interesting paper with two signal instances of the importance of the "touch-stone" method. These we need not dwell upon here; suffice it to say that one case simulated lupus and the second laryngeal carcinoma.

MEDICAL NEWS AND MISCELLANY.

THE Maine Medical Association will meet at Portland in June.

DR. W. C. HOLLOPETER has removed to 1428 North Broad Street, Philadelphia.

THE Medical Department of Yale University is to have a five years' graded course.

REMOVAL.—Dr. R. H. Downs has removed to No. 29 South Sixteenth Street, Philadelphia.

TRI-STATE MEDICAL SOCIETY.—Des Moines, Iowa, has been selected as the next place of meeting.

MOUNT SINAI HOSPITAL (N. Y.).—Dr. F. S. Mandlebaum has been appointed pathologist to the hospital.

THE next meeting of the Colorado State Medical Society will be held in Denver, June 17th, 18th, and 19th.

THE New Hampshire Medical Society will meet on Monday and Tuesday, June 3 and 4, 1895, at Concord.

PROF. R. BEVERLY COLE, of San Francisco, Cal., has recently been visiting the hospitals of Philadelphia.

BEQUEST.—The Edinburgh Royal Infirmary has received £50,000 under the will of the late Earl of Moray.

THE American Climatological Association will hold its next meeting at Hot Springs, Va., June 13, 14, and 15, 1895.

THE MASSACHUSETTS VOLUNTEER MILITIA.—Dr. Edward J. Forster, of Boston, has been appointed surgeon-general.

THE Association of Acting Assistant Surgeons of the United States Army held a special meeting in Baltimore on the 8th of May.

HONORS.—Professor Panas, of Paris, has been named Officer, and Professor Testut, of Lyons, Chevalier, of the Legion of Honor.

MARRIAGE.—Dr. H. M. Miley, of Chambersburg, Pa., and Asia Orpah Schaff were united in marriage at Chambersburg on April 30th.

THE Florida State Railway Surgeons' Association was organized in Gainesville during the session of the Florida State Medical Association.

THE NEW YORK LYING-IN ASYLUM.—Dr. Samuel Marx and Dr. J. Clifton Edgar have been appointed visiting obstetricians to the asylum.

DR. H. T. BAHNSON, of Salem, N.C., has resigned as president of the State Board of Health, and been succeeded by Dr. William P. Beall, of Greensboro.

MEDICAL MEETING.—The Central Illinois District Medical Society held its twenty-first annual session at Pana, Illinois, on Tuesday, April 30, 1895.

IN HONOR OF PROFESSOR DA COSTA.—The Philadelphia Medical Club gave a reception to Professor J. M. Da Costa on Friday evening, April 26th, at the Hotel Bellevue.

NEW YORK HOSPITAL.—Dr. Henry P. Loomis has been appointed an attending physician to the hospital, to fill the place made vacant by Dr. William Gilman Thompson's resignation.

THE MEDICAL ASSOCIATION OF GEORGIA.—At the recent annual meeting a section in ophthalmology was organized. The chairman of the section is Dr. J. Lawton Hiers, of Savannah.

DR. C. F. THURINGTON, F.R.S., lecturer on physiology, of St. Thomas's Hospital, has been appointed the Holt Professor of Physiology in University College, Liverpool, in succession to Professor Gatch, who recently accepted the Waynflete Chair of Physiology in the University of Oxford.

DR. D. BRADEN KYLE has removed to 1517 Walnut Street.

DR. JOHN B. DONALDSON, of Canonsburg, Pa., recently visited Philadelphia.

AT a recent meeting of the Commissioners, Dr. W. W. Bulette, of Pueblo, was elected Laryngologist and Rhinologist to Colorado State Insane Asylum.

THE American Pædiatric Society held its seventh annual meeting at the Virginia Hot Springs on May 27th, 28th, and 29th, under the presidency of Dr. F. Forchheimer, of Cincinnati.

PRESIDENCY OF THE ROYAL COLLEGE OF SURGEONS.—Mr. Christopher Heath has been elected President of the Royal College of Surgeons, in succession to the late Mr. J. W. Hulke.

DR. J. KAY JAMIESON, Demonstrator of Anatomy in the Royal College of Surgeons, Edinburgh, has been appointed Senior Demonstrator of Anatomy to the Royal Yorkshire College, Leeds.

INTER-STATE MEDICAL NEWS.—This is a new journal which is to be issued quarterly at Sioux City, Iowa, with Dr. J. H. Talbot as editor and Charles M. Wade, M.S., as associate editor and publisher.

DR. CHARLES DENISON, of Colorado, well known as a practitioner, writer, and inventor of numerous appliances for aiding in the diagnosis and treatment of diseases of the respiratory passages, was recently in Philadelphia.

A RARE FORM OF BULLOUS CONJUNCTIVITIS.—Mr. G. A. Berry has observed, upon the tarsal conjunctiva of the upper lids, marked stellate cicatrices of "dermatitis herpetiformis," in the case of a man who was attacked one year before with herpetiform dermatitis and who also had cutaneous scars.—*Annales d'Oculistique*.

OCULAR DIPHTHERIA TREATED BY ANTI-TOXIN.—Dr. Coppez, in a Brussels medical journal, had a good result in one case: "The membranes," he says, "seemed to melt like a snow-flake in a ray of sunlight." It may reasonably be expected that the invading progress of pseudomembranous exudation may be early checked by this treatment. "Or, better still," says Dastot, "the last two stages of the malady may be suppressed, with all the dangers that attend them." Twenty-four hours should see the subsidence of all menacing symptoms.—*Journal of the American Medical Association*.

THE HELMHOLTZ MONUMENT.—A monument will be erected in Berlin in honor of the late Professor Helmholtz. For this purpose a committee has been formed, under the presidency of

Dr. Delbrück, former Secretary of State and a friend of the deceased *savant*. The medical members of the committee are Professor Fränkel, Professor Liebreich, and Professor Virchow. Professor König, the successor of Helmholtz in his chair at the University of Berlin, will act as honorary secretary. The Emperor has contributed £500, and other subscriptions to a considerable amount have been received.

NEW EDITOR OF THE ARCHIV F. KLINISCHE CHIRURGIE.—Professor Gussenbauer, of Vienna, has been chosen to take the place of the late Professor Billroth on the editorial staff of this journal.—*Boston Medical and Surgical Journal*.

ANTITOXIC SERUM.—The Gyogyaszat, a medical paper published by Prof. Joseph Korach, of Budapest, publishes the following interesting case, showing that the antitoxic serum is not innocuous as a preventive. A child, aged 3, had slept in the same bed as her sister, who had diphtheria, and was successfully treated by the serum. The parents insisted that their child, having been in contact with her contaminated sister, should be rendered exempt by an injection of the serum. Accordingly, 2 cubic centimetres of No. 1 Behring were injected. The next morning the child was depressed. On the following day she had fever and violent pain in the lumbar region. The urine contained a considerable quantity of albumin. Next day the temperature rose to 103° F., petechiæ appeared on the legs, and the day afterward the child died.—Paris letter to the *British Medical Journal*, March 2, 1895.

APPOINTMENTS.—At a recent meeting of the Board of Trustees of the University of Pennsylvania, Dr. A. Ferec Witmer was appointed Instructor in Physiology and Dr. Charles F. Nassau Lecturer on Bacteriology in the School of Biology. At a meeting of the City Board of Trusts, held on April 10, Dr. S. Potts Eagleton was elected Assistant Surgeon to Wills Eye Hospital.

FRENCH CONGRESS OF MEDICINE.—The second session will be held at Bordeaux on August 8, 1895, under the presidency of Professor Bouchard. The questions appointed for discussion are: 1. "Infectious Myelitis." 2. "The Relations of the Liver and Bowel in Pathology." 3. "Analgesic Antipyretics."

VASSALI communicates the case of the birth of sextuplets,—one of the few if not the only genuine case on record of such an event. The children were delivered on the one hundred and fifteenth day of pregnancy, after straining at defecation. All the fœtuses were born alive. The large single placenta bearing the six amniotic sacs is preserved in the museum of the Obstetrical Society in Milan.—*Four. Med. and Science*.

INSTRUCTION IN TROPICAL DISEASES.—The Practitioner says: "To St. George's Hospital belongs the credit of being the first among the metropolitan schools to provide a regular course of instruction in tropical diseases for students, and the selection of Dr. Patrick Manson for the post of lecturer is a guarantee that the teaching will be thoroughly scientific. Dr. Manson has not only won distinction as an original investigator, but he has had considerable experience as a teacher. He was Professor of the Principles and Practice of Medicine in the College of Medicine for Chinese at Hong Kong, which owes its existence largely to his initiative, and its success in great measure to the administrative ability which he displayed as Dean. It is to be hoped that other schools will follow the example thus set by St. George's."

THE AMERICAN GYNÆCOLOGICAL SOCIETY.—The twentieth annual meeting was held in Levering Hall, Johns Hopkins University, Baltimore, on May 28th, 29th, and 30th.

THE Thirty-eighth Annual Session of the Medical Association of the State of Missouri convened at Hannibal, Mo., Tuesday the 21st day of May, 1895.

REUNION.—On the evening of Friday, May 10th, an interesting reunion of the Class of 1874 of the Jefferson Medical College of Philadelphia was held at the Hotel Bellevue. Opportunity was taken of the meeting of the American Medical Association in the neighboring city of Baltimore to secure the presence of those who might be in attendance upon its sessions. The banquet board was well spread, and many members of the class were present. Excellent arrangements had been made by the committee of resident members, consisting of Drs. A. P. Brubaker, Albert M. Eaton, and E. E. Montgomery. Among those present were Drs. H. G. McCormick, G. K. Reed, John V. Shoemaker, P. J. L. Carbery, Albert P. Brubaker, J. Milton Duff, J. W. Silvara, F. M. Brundage, T. Hewson Bradford, Albert M. Eaton, E. E. Montgomery, Hugo Engel, J. P. Duckett, Theodore L. Willetts. As invited guests, were present Professors J. M. Da Costa, J. W. Holland, and Hobart A. Hare.

NATIONAL ASSOCIATION OF RAILWAY SURGEONS.—At the recent meeting Dr. J. B. Murphy, of Chicago, was elected President, and Dr. D. Emmet Welsh, of Grand Rapids, Mich., Secretary, for the ensuing year. The other officers chosen were: Vice-Presidents, Dr. W. B. Rogers, Memphis, Tenn.; Dr. A. D. Bevan, Chicago; Dr. E. F. Beasley, Lafayette, Ind.; Dr. H. Logan, The Dells, Ore.; Dr. George Graves, Herkimer, N. Y.; Dr. P. F. Vasterling, St. Louis, Mo.; Dr. A. C. Scott, Temple, Texas. New members of Executive Committee: Dr. S.

S. Thorn, Toledo, Ohio; Dr. J. A. Barr, McKee's Rocks, Pa.; Dr. A. I. Bouffleur, Chicago. Assistant Secretary, Dr. S. P. Wooster, Grand Rapids, Mich. Chairman of Committee on Transportation, Dr. W. B. Outten, St. Louis, Mo. Chairman of Committee on Arrangements, Dr. B. Merrill Ricketts, Cincinnati, Ohio. Honorary Members, Hon. Aldace F. Walker, Chicago; A. S. Work, Fort Wayne, Ind.; H. N. Moyer, Chicago; H. W. Ashley, Toledo, Ohio.

FREE OF CHARGE.—The Therapeutical Applications of Peroxide of Hydrogen (Medicinal), Glycozone, and Hydrozone, by Charles Marchand, chemist. Ninth edition. This book of two hundred pages, which contains all information on the subject, with reprints of elaborate articles by leading contributors to medical literature, will be mailed to doctors mentioning the *MEDICAL BULLETIN*. Send full address to Charles Marchand, 28 Prince Street, New York.

WILL OF MR. HULKE.—The Medical Times and Hospital Gazette says: "By his will dated June 22, 1891, the late Mr. John Whitaker Hulke, President of the Royal College of Surgeons of England, who died on February 19th last, aged 64, disposed of personalty of which the gross value has been entered for probate at £8018 4s. 8d. He left to his wife all his real and personal estate, but, in the event of her death in his lifetime, he bequeathed his collection of reptilian fossils to the British Museum and all the residue of his property to the Middlesex Hospital for a convalescent branch to be called the Hulke Convalescent Home."

UNIVERSITY OF CALIFORNIA.—The Legislature, just adjourned, appropriated \$250,000 to erect a building in San Francisco for the professional department of the University of California.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA ALUMNI ASSOCIATION.—The annual meeting of the association was held in the amphitheatre of the college on Thursday, May 9th, at 11 A.M. New members were elected and also officers for the ensuing year. At 8 P.M. the annual address was delivered before the association by the Hon. Mariott Brosius, of Lancaster, Pa. After the address the orator was entertained by the association at a banquet at the Hotel Metropole. The following toasts were responded to: Our Alumni, by Henry Fisher, A.M., M.D.; Philadelphia as an Educational Centre, by Prof. Albert H. Smythe; The Medico-Chirurgical College, by Prof. E. Laplace, M.D.; The City of Medical Teaching, by Hon. Charles F. Warwick; Wise Counsel to Young Practitioners, by Hon. Mayer Sulzberger; A College Training an Essential to a Professional Career,

by Dr. Edward Brooks. Among the banqueters were Prof. James M. Anders, M.D.; Prof. W. Easterly Ashton, M.D.; Mr. C. William Bergner; Dr. Henry C. Boenning; Hon. Courtland R. Bolles; Dr. Edward Brooks; Prof. C. W. Burr, M.D.; Mr. Samuel Disston; Prof. Seneca Egbert, M.D.; Dr. C. L. Eldredge; Dr. Henry Fisher; Prof. L. Webster Fox, M.D.; Dr. E. S. Gans; Prof. E. B. Gleason, M.D.; Prof. W. Frank Haehtlen, M.D.; Prof. W. C. Hollopeter, M.D.; Prof. W. C. Hughes, M.D.; Mr. W. King; Rev. Frank Lambader, LL.B., Ph.D.; Prof. E. Laplace, M.D.; Hon. A. K. McClure; Prof. William H. Pancoast, M.D.; Dr. Alexander Ramsay; Prof. A. E. Roussell, M.D.; Prof. E. B. Sangree, M.D.; Prof. B. T. Shimwell, M.D.; Prof. John V. Shoemaker, M.D.; Hon. George Handy Smith; Dr. W. Blair Stewart; Prof. William S. Stewart, M.D.; Hon. Mayer Sulzberger; Mr. William M. Taggart; Hon. Charles F. Warwick; Mr. Theodore Wernwag, and many others. The Committee was composed of Dr. Alexander Ramsay, Dr. Frank C. Skinner, and Dr. H. Melvin Allen.

CLASS-DAY EXERCISES.—These were held on May 7th. After an introductory address by the president of the class, John Holmes Murray, Professor Anders spoke of The Recent Graduate; Professor Shoemaker, of Journalism and Medical Societies; Professor Laplace, of the Progress of the Medico-Chirurgical College; Professor Shimwell, of Professional Duty; and Professor Ashton, of Success in Medicine. The exercises were enlivened by music and orations and the Class History was read by Mr. A. C. Stevens.

THE FIRST ELECTRICAL CLINIC IN AMERICA.—The formal opening of the first electrical clinic in America, "The New York Electro-Therapeutic Clinic, Laboratory, and Dispensary," at No. 327 East Twenty-fifth Street, New York City, occurred Saturday evening, April 6th. It has been founded by Dr. Margaret A. Cleaves, with the object of assisting in the development of a scientific electro-therapeutics and for the treatment of charity patients in all conditions in which electricity is applicable. This clinic is thoroughly equipped with all the best modern electrical apparatus used in medicine, such as influence machines, alternators, induction coils, constant-current apparatus (with primary batteries, or cells, and with adapter for street current), secondary or storage batteries for cautery, illumination, and transillumination, constant current and electric-light baths, as well as with appliances necessary to determine with exactitude the action of electrical energy upon the human economy.

Instruction will be given in electro-physics, physiology, and electro-therapeutics. Messrs. Van Houten & Ten Broeck (The Galvano-

Faradic Manufacturing Company) were awarded the contract for the installation of the plant, and great credit is due this firm for the masterly manner in which the work has been executed.

FORTY-NINTH ANNUAL MEETING.—The District Medical Society, of Camden, New Jersey, held their forty-ninth annual meeting at the Camden City Dispensary, 725 Federal Street, on Tuesday, May 14th. After the election of officers and delegates, Dr. Daniel Strock read a most practical paper upon the practical medical and surgical work of the past three months, reported to him by the physicians and surgeons of Camden County. Dr. James M. Ridge and other members discussed the subject alluded to by Dr. Strock. The following members and invited guests were present at the meeting: Drs. J. S. Baer, P. W. Peale, D. Benjamin, W. S. Bray, H. H. Davis, E. L. B. Godfrey, O. B. Gross, W. H. Ireland, H. Izard, J. F. Leavitt, B. Lewis, A. Marcy, A. McAllister, A. M. Mecray, H. F. Palm, Wm. H. Pratt, L. F. Halsey, Sophia Pressley, J. M. Ridge, G. F. Robinson, E. A. Y. Schellinger, J. F. Stock, D. Strock, H. G. Taylor, J. O. White, J. H. Wells, John V. Shoemaker.

PRACTICAL CHAPTERS ON STATIC ELECTRICITY.—Under this title Dr. S. H. Monell, of New York, has brought together a number of papers published in various medical journals. The subjects are as follow: "What is the True Status of Static Electricity in Modern Medical Literature?" "A Consideration of the Static Machine as Distinguished from Static Electricity." "The Physiological Action of Static Electricity in its Various Forms of Application." "Static Electricity: Methods of Administration." "A Description of the Effects Peculiar to Some of the Different Methods of Applying Static Electricity." "A Brief Synopsis of the Therapeutics of Static Electricity."

The experience of Dr. Monell causes this brochure to be of value to those interested in the use of electricity and is a good exposition of the field of usefulness of static electricity. It is published by the Galvano-Faradic Manufacturing Company (Van Houten and Ten Broeck, proprietors), 300 Fourth Avenue, New York. Price 25 cents.

DR. W. M. L. COPLIN, Professor of Pathology in the Jefferson Medical College, has been chosen by the Trustees of Vanderbilt University to take charge of the Departments of Pathology, Biology, and Bacteriology, and will enter upon his new duties in the fall.

APPOINTMENT.—Dr. Dickson L. Moore has been appointed Professor of Diseases of Children in the Ohio Medical University, to take the place left vacant by the resignation of Dr. Clouse.

THE HACK TUKE MEMORIAL.—We learn from the British Medical Journal that an influential committee is being formed to raise a fund to perpetuate the memory of the late Dr. Hack Tuke by a prize-medal, or other means, for the encouragement of the study of psychological medicine.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—The forty-fifth annual meeting of the society took place at Chambersburg May 21st to 24th. A large number of papers on important topics was presented, and the session proved a great success from every point of view.

THE TRANSMISSION OF TUBERCULOSIS BY A BRASS HORN.—Dr. Addison S. Thayer, reports (Jour. Med. and Science) the cases of three young men, whose family history was good, and who were themselves physically sound, who became infected with tuberculosis by using, as members of a brass-band, a second-hand horn hired from a dealer. The possibility of tubercle bacilli being deposited in the convolutions of a horn, to the danger of subsequent players, cannot be denied. The three users of the horn in question were the only members of the band who did use it. Two of them are now in Colorado and one in Southern Pines under climatic treatment for tuberculosis.

DEATH OF PROFESSOR HIMES.—Isaac Newton Himes, Dean of the Faculty of the Medical Department of Western Reserve University and Professor of Pathology, was born at Shippensburg, Pa., on December 4, 1834, and died at his residence in Cleveland on April 1, 1895. His illness was brief, and his sudden death came with shocking force to his many friends and relatives. For five years past he had, from time to time, premonitions of some heart trouble; not, however, until within a few months had he shown failing health. He found it necessary to give up his accustomed walking exercise and make use of his carriage. He continued in his faithful manner to attend to the demands made upon him as Dean of the College, and visited his patients up to the day before his death.

THE SOURCE OF DANGER.—*Doctor*: "You mustn't stay out late at night."

Patient (a married man): "Is the night air bad for me?"

Doctor: "No; its the excitement after getting home that hurts you."

DR. ALLEYNE.—The medical profession of St. Louis mourns the loss of one of its oldest and most esteemed members, Dr. Jeremiah S. B. Alleyne, who died, May 2d, very suddenly at his home. He had retired feeling unusually well. He had spent the evening visiting his old friend, Dr. J. P. Litton. He walked home, and

when he reached his residence was in excellent spirits, though complaining of being somewhat fatigued. He retired as usual, and arose about 5.30 to get a drink of water. He then returned to bed. At this time his wife asked him if he was unwell, and he replied that he was not. At 7 o'clock Mrs. Alleyne arose and attempted to awaken her husband, only to discover that he was dead.

Dr. Alleyne was born in Boston in 1826, and came to St. Louis in 1839. He was enrolled as a student of St. Louis University in 1842, receiving the degree of A.B. three years later. Upon the completion of his academic education he entered the St. Louis Medical College, from which he graduated in 1848. He has been practicing medicine in St. Louis ever since. He was a member of the faculty of the St. Louis Medical College for twenty years and Dean of the college for ten years. He was subsequently connected with the Beaumont Medical College. He was Dean of the Barnes Medical College at the time of his death.

Dr. Alleyne was universally liked as a physician, medical teacher, and citizen. His sincerity, politeness, and affability won him the hearts of all that came in contact with him, and his departure has caused an irreparable vacancy in the ranks of the St. Louis medical profession. To the last day of his life he took an active interest in all matters pertaining to his profession, which he loved and held high. He will continue to live in the memory of his many pupils, friends, and colleagues.—*Medical Review*.

THE semicentennial meeting of the Ohio State Medical Society was held at Columbus, May 15, 16, and 17, 1895, under the presidency of Dr. D. N. Kinsman, of Columbus.

DR. H. H. POWELL.—At a special meeting of the trustees of the Western Reserve University, Dr. H. H. Powell was appointed Dean of the Western Reserve Medical College, to fill the place made vacant by the death of Dr. I. N. Himes.

MEDICINE.—This is the title of a new journal published in Chicago by Mr. George S. Davis and edited by Dr. Harold N. Moyer, of Chicago. The first number contains interesting and practical communications, together with valuable selections from current literature. From the reputation of the publisher and editor we have no doubt that "Medicine" will, in succeeding issues, maintain the same high character with which it has begun.

HOGARTH'S SELF-ESTEEM.—In his lecture on Hogarth in the "English Humorists" series Thackeray relates the following amusing anecdote: "The following authenticated story of

our artist (furnished by the late Mr. Belchior, F.R.S., a surgeon of eminence) will also serve to show how much more easy it is to detect ill-placed or hyperbolical adulation respecting others than when applied to ourselves. Hogarth, being at dinner with the great Cheselden and some other company, was told that Mr. John Freke, surgeon of St. Bartholomew's Hospital, a few evenings before at Dick's Coffee House, had asserted that Greene was as eminent in composition as Handel. 'That fellow Freke,' replied Hogarth, 'is always shooting his bolt absurdly one way or another. Handel is a giant in music; Greene only a light Florimel-kind of composer.' 'Ay,' says our artist's informant, 'but at the same time Mr. Freke declared that you were as good a portrait-painter as Vandyke.' 'There he was right,' adds Hogarth, 'and so, by G—, I am; give me my time and let me choose my subject.'"

ANOTHER DESERVED RECOGNITION.—William R. Warner & Company, of this city, have recently received from the Belgian government a beautiful decoration in the form of a Maltese cross, on the centre of which, on a blue ground, is the inscription. A wreath in blue and gold surmounts the cross, and the whole is topped by a bow of ribbon of the national colors.

PUBERTY IN INFANTILE HEMIPLEGIA.—Leblais states that observations made by him in M. Bourneville's clinic show that certain trophic changes associated with infantile spasmodic hemiplegia are only to be noted at puberty. Differences in the size of the testicles were noted in 8 out of 29 boys examined. In 7 of these the testicle on the hemiplegic side was smaller than on the sound side; in 1 it was larger. Retention of the testicle in the inguinal canal seemed to be more common than among normal children. Among the girls the only abnormality noticed at puberty was that, in one case, the mamma on the paralyzed side was hypertrophied. As a rule, the hair developed at puberty less well on the paralyzed side, but sometimes the opposite was the case; in others the development took place unequally, but the inequality was not symmetrical; in others, again, development of hair was normal on the two sides. Puberty developed in the hemiplegic children at the same age and with the same phenomena as in healthy children.—*Times and Register*.

WENDELL HOLMESIANA.—The following are selected examples: In the older days of the Harvard Medical School, when funds were scarce and professors scarcer, Dr. Holmes was the lecturer on anatomy, physiology, medical chemistry, and a few other subjects. One day the president of the college met him in the street and congratulated him on his then recent elec-

tion to a professorial chair of medicine. "Chair!" flashed out the doctor. "You're mistaken, my dear sir. It isn't a chair of medicine that I occupy; it's a whole settee!" Another tale is also a medical one, and relates to a meeting of several of the leading physicians of a bygone generation. They were all, except Holmes, big men physically as well as mentally, and for some time the little doctor walked disconsolately about among his six-foot colleagues. Then, jingling the loose change in his pocket, he said, calmly: "Do you know, gentlemen, I feel like a three-cent piece among a lot of pennies." —*British Medical Journal*.

A NEW PERIODICAL.—El Internacional is the title of a journal the first number of which, for May, 1895, is now before us. It is edited by Dr. José M. Peña. The business-manager is Dr. Frank C. Skinner. The first issue contains an interesting table of contents, among which we notice a clinical lecture by Professor Laplace, a paper by Dr. E. B. Gleason and Dr. Frank C. Skinner, and a number of well-selected abstracts, therapeutic notes, formulæ, etc. Each number is to contain a portion of a translation into Spanish by the editor, Dr. Peña, of Krafft-Ebing's work on "Psychopathia Sexualis." It is announced that an interesting teratological case will also appear in each issue. We wish success to the new venture.

MULTIPLE HARD CHANCRES OF THE LOWER LIP AND TONGUE.—M. Enditz exhibited, at a meeting of the French Society of Dermatology and Syphilography, a patient having four hard chancres, three of which were seated on the lower lip and the fourth on the end of the tongue.

DR. THOMAS OLIVER, Professor of Physiology in the University of Durham, has been elected a Fellow of the Royal Society of Edinburgh.

BOOK REVIEWS.

Codliver-Oil and Chemistry. By F. PECKEL MÖLLER, Ph.D. London: Peter Möller, 1895. Large 8vo; pages cxxiii-508. Received from W. H. Schieffelin & Co., New York.

This handsome volume, issued by the well-known firm of P. Möller, of Christiania, affords a very agreeable surprise to the reader. In the first place, it is not a translation, but is written in the queen's English and by an experienced hand. Opening it with the memories of past experiences with codliver-oil involuntarily suggesting themselves to our nerves of smell and taste, presently we are beguiled by some interesting sentence to dip into the work, and, to our delight,

we found, in place of the expected dose of medicine, a very attractive treatise on Norway, the Vikings, the Gothenburg System and its relation to the temperance question, besides graphic descriptions of the Maelstrom, the Midnight Sun, and of the way they catch fish at Lofoten. The process of making the pure codliver-oil is described in detail. Substitutes and so-called active principles are scientifically considered. Morrhual is declared to be identical with ptomaines, and not in any sense a representative of the therapeutical value of the oil. The search for a substitute for codliver-oil is believed to be perpetually doomed to be fruitless, for the simple reason that the main constituents of the oil are absolutely unique and that its active principle is the oil itself. Every one who is interested in codliver-oil should consult this monograph, which places the latest results of investigation before the reader in the most explicit and clearest language. The second part of the book consists of a very complete dissertation on Chemistry, especially of the hydrocarbons, in which, incidentally, the modern theories of valences, molecular and atomic grouping, and stereochemistry are set forth in the light of recent research, and especially in relation to the methane derivatives, beginning with the hydrocarbons. The author has adopted a method of explaining the graphic formulæ which is striking and original, and well devised for the purpose he has in view.

The History of the Pennsylvania Hospital, 1751-1895. By THOMAS G. MORTON, M.D., Fellow of the College of Physicians; President of the Medical Staff and Senior Surgeon of the Pennsylvania Hospital; President of the Philadelphia Academy of Surgery, etc. Assisted by FRANK WOODBURY, M.D., Fellow of the College of Physicians; Honorary Professor of Clinical Medicine in the Medico-Chirurgical Hospital, etc. Publication authorized by the Contributors at their annual meeting, May, 1893, and directed by the Board of Managers. Philadelphia: Times Printing-House, 1895.

This is a book replete with interest. We have read it with great pleasure, and can recommend it as a faithful account of a noble institution. The Pennsylvania Hospital is an old foundation as age goes in this country. It has always been well managed, its staff has always been representative of distinguished skill, and it has been in various manners, for five generations, intimately connected with social life and medical education in Philadelphia. It possesses, moreover, not only a local interest, for many are the practitioners scattered through the country who have imbibed instruction from the medical and surgical clinics held within its walls. To phy-

sicians and patients alike the Pennsylvania Hospital has ever been an influence for good.

This history is based upon numerous original documents, many of which have never been published. Like many of the old institutions of the city, the Pennsylvania Hospital owes much to the sagacity and public spirit of Benjamin Franklin. It is to a physician, however, Dr. Thomas Bond, that the honor of originating the charity is due. During the Revolutionary War the work of the hospital was carried on with much difficulty, but every effort was made to meet the additional burdens incidental to the times. From an early period of its existence, as its work extended and its wards were crowded, additional buildings have been constructed in order to meet the demands. An excellent medical library has gradually been accumulated within the hospital. During the Civil War the institution distinguished itself in the care of sick and wounded soldiers and sailors. A succession of devoted clerical and lay workers have ministered to the moral and religious needs of the patients, non-sectarian services being held in the library. A praiseworthy custom has long required notes of all interesting cases and surgical operations,—a fact which renders the statistics of the Pennsylvania Hospital of peculiar value. A school for nurses is maintained in connection with the hospital, and a fine building to be used as a Nurses' Home has recently been erected by the liberality of the Misses Blanchard, of this city. It is pleasing to know that this institution was a pioneer in the treatment of insanity as a disease, and almost from the beginning took measures for the intelligent and humane treatment of lunatics. The fine Department for the Insane, erected in West Philadelphia, is a monument to the management of the Pennsylvania Hospital.

Many noted names are found in the list of those who have been connected as physicians and surgeons with this hospital. The Bonds, William Shippen, John Morgan, Adam Kuhn, Benjamin Rush, Caspar Wistar, Philip Syng Physick, John Redman Coxe, Thomas T. Hewson, John Rhea Barton, John K. Mitchell, Hugh L. Hodge, Joseph Pancoast, D. Hayes Agnew, Richard J. Levis, J. Forsythe Meigs, J. Aitken Meigs are among the illustrious men who have served the Pennsylvania Hospital and who have passed from the scene of their labors, leaving to worthy successors the task of upholding the honor and usefulness of the hospital.

Pathology and Treatment of Diseases of the Skin, for Practitioners and Students. By DR. MORIZ KAPOSI, Professor of Dermatology and Syphilis, and Chief of the Clinic and Division for Skin Diseases in the Vienna University. With 84 illustrations. Translation of the last

German Edition under the supervision of JAMES C. JOHNSTON, M.D. New York: William Wood & Company, 1895.

In the excellent work of Professor Kaposi we have a judicious exposition of the improvements which have of late years taken place in regard to the intimate pathology of affections of the skin and various methods and procedures which have been introduced within the same period. Based essentially upon the work of Hebra, Kaposi's writings are, nevertheless, original in the sense of exact observation and the incorporation of the results of advanced research; so that they are representative of the present position of the Vienna school. In the arrangement of this work the author follows Hebra's classification. The descriptions of clinical manifestations is all his own and at once accurate and graphic. Though the author recognizes the influence of internal causes in producing cutaneous disorders, yet he scarcely attributes as much importance to such agencies as, in the judgment of some writers, they deserve. A conspicuous advantage of the treatise consists in its careful presentation of the pathology of the various diseases. In the discussion of eczema Professor Kaposi has nothing to say regarding that form which Unna and, after him, other writers have described as seborrhœic eczema. The lectures upon the acute exanthemata are interesting and instructive, compressing into moderate compass what is known to-day of the nature of these infections. The author expresses the opinion that erythema nodosum is properly distinguished as a special clinical type, but that it is, nevertheless, essentially identical with erythema multiforme and peliosis rheumatica. In his lecture upon diseases marked by anomalies of pigmentation he includes an account of Addison's disease, in so far as it affects the skin. Leucoderma syphiliticum, so long overlooked, is also described in this connection. Concerning the interesting discussion which has arisen concerning the etiology of Paget's disease and its identity with Darier's "*psorosperme folliculaire végétante*," Professor Kaposi is inclined to think that some of the cases of Paget's disease are no more than peculiar and aggravated forms of eczema, while others are truly carcinomatous. While not looking upon the psorosperm origin as a decided question, he admits that Darier's disease is clinically and pathologically an interesting form of keratosis. Nevertheless, he is disposed to put little faith in the theory that the bodies found in sections from the diseases named are in reality psorosperms. In lupus he is equally cautious and adheres to his formerly-expressed opinion that, notwithstanding the presence of a limited number of bacilli, the data are still insufficient to prove positively the tubercular character of lupus.

Though the work is stronger in pathology and in the description of clinical features than in the important matter of treatment, the work is one which can be recommended to the student and practitioner. It will be found useful in instructing the observer in the true principles of diagnosis. The publishers have brought out the book in excellent style. The text is clear and the illustrations are well executed.

CURRENT MEDICAL LITERATURE.

Semiannual Announcement of the Eclectic Medical Institute, Cincinnati, O. One Hundred and Second Session. 1895-96.

Operative Treatment of Myofibroma Uteri. By N. Senn, M.D., Ph.D., LL.D., Chicago, Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, etc.

Notes on a few Clinical Experiences of Inherited Syphilis. Read before the Section of Surgery of the Minnesota State Medical Society, June 22, 1894. Seborrhœa. Read before the Ramsey County Medical Society, May 28, 1894. By Burnside Foster, M.D., Surgeon to Skin and Venereal Departments of the St. Paul City and County Hospital, etc.

Removal of a Needle from the Larynx. By E. Larue Vansant, M.D., Adjunct Professor of Diseases of the Throat and Nose in the Philadelphia Polyclinic; Laryngologist to the Howard Hospital.

Cholera; its Nature and its Cure. By Henry Raymond Rogers, M.D., Dunkirk, N. Y.

Rest in Bed as a Resource in the Treatment of Chronic Non-Suppurative Catarrh of the Middle Ear. By A. Britton Deynard, M.D., New York, Instructor in Diseases of the Eye and Ear; Assistant Surgeon to the Manhattan Eye and Ear Hospital.

The Pathology, Symptomatology, and Treatment of Hemorrhoids, Simple and Complicated. By Thomas H. Manley, M.D., Visiting Surgeon to Harlem Hospital, New York.

Contusion of the Abdomen, with Rupture of the Thoracic Duct. By Thomas H. Manley, M.D., Visiting Surgeon to Harlem Hospital, New York.

A Case of Syphilitic Cicatricial Adhesions of the Tongue to the Palate and Pharyngeal Walls. With Notes of Operation. By E. Larue Vansant, M.D., Adjunct Professor of Diseases of the Throat and Nose in the Philadelphia Polyclinic, etc.

The Treatment of Gonorrhœa. By H. M. Christian, M.D., Chief of Genito-Urinary Clinic, University of Pennsylvania, service of Dr. Edward Martin.

Intestinal Anastomosis. With the Report of a Case. By Frederick Holme Wiggin, M.D., Visiting Surgeon to the City Hospital, Gynecological Division; Assistant Visiting Surgeon to the Lebanon Hospital, etc.

The Relation of Static Disturbances of the Abdominal Viscera to Displacements of the Pelvic Organs. By J. H. Kellogg, M.D., member of the American Electro-Therapeutic Association, Tri-State Medical Society, Michigan State Medical Society, Superintendent of the Battle Creek (Mich.) Sanitarium.

Posterior Urethritis—Acute and Chronic. By H. M. Christian, M.D., Chief of the Genito-Urinary Dispensary, University of Pennsylvania.

Surgical Treatment of Tumors of the Neck. By Thomas H. Manley, M.D., Visiting Surgeon to the Harlem Hospital, New York.

Moist Antiseptic Dressings in Injuries of the Hand. By Charles H. Merz, A.M., M.D.

The Medical Profession and Who Should Enter it. By Charles H. Merz, A.M., P.H., M.D.

The Surgical Treatment of Injuries of the Brain. By Charles H. Merz, A.M., Ph.D., M.D.

An Estimate of the Value of the Peroxide of Hydrogen in the Treatment of Some Special Forms of Disease and Surgical Cases. By Charles H. Merz, A.M., M.D.

Abstract of Sanitary Reports, September, 1894, No. 38.

A Case of Congenital Deformity of the Upper and Lower Extremities and of the Spinal Column. By I. Newton Snively, A.M., M.D., Philadelphia.

Aural Cholesteatomata. By E. B. Gleason, M.D., Surgeon in Charge of the Nose, Throat, and Ear Department of the Northern Dispensary, Philadelphia.

I.—De l'Empyème du Sinus Sphénoïdal. II.—Un Cas d'Angiokératome de la Corde Vocale Broite. Par Dr. E. J. Moure, Chargé du Cours de Laryngologie, d'Otologie, et de Rhinologie, a la Faculté de Médecine de Bordeaux.

Cœliotomy for Bilateral Pyosalpinx, followed Four Days Later by Appendicitis. Operation. Recovery. A Case of Bilateral Ovarian Fibrosarcoma. By Frederick Holme Wiggin, M.D., President of the Society of Alumni of Bellevue Hospital; Visiting Surgeon to the City Hospital, Gynecological Division.

AS TO CACTINA.

In these days of rapid work and little rest we are all getting to be a bundle of worriment; and the men are drifting into "nerves" pretty much as their sisters have had a monopoly of for so long. In the way of quieting this condition a great variety of calmatives has been "elucidated" (as the farmer put it) from the coal-tar series of drugs. Now, these remedies are all good in some respects and bad in others; for, no matter how much the owners of any given production may boost them up as being not at all productive of sometimes prostrating effects on the heart, they are in very many instances; as for myself, I have long been afraid to use any of them without some added heart tonic, such as caffeine, for instance. For some time past I have frequently substituted the well-known preparation "Cactina" for the caffeine, and with good results, at a less cost, which is an item in the instance of poor folks.

Six months ago, one day a neat little woman came to see about a troublesome headache, and she told me that she could not take quinine, arsenic, morphia, nor antipyrin. These disagreed with her,—they reduced her circulation too much. Now, without telling her what it was, I ordered her a small dose of acetanilid combined with caffeine, and, sure enough, it did drag down her circulation, but it laid the headache out cold. In the way of experiment, I again ordered the acetanilid with cactina (one pellet at a time with three grains of the coal-tar drug), and it not only did the work, but the prostration did not take place. Now, as caffeine is a good drug almost always, I use it very freely with the antipyretics of any kind; but, where idiosyncrasy prevails, just try cactina, and, as it won't do any harm, it may do good.

W. R. D. BLACKWOOD, M.D.

358 North Twenty-Third Street.

REMOVAL NOTICE.

The Law Battery Co., long and favorably known to our readers, have removed from their old quarters to elegant offices situate 39 to 41 Cortlandt Street, New York City, and have established a completely-equipped factory at Cranford, N. J. All communications, however, should be addressed to the office in New York.

A NEW STERILIZER.

"Practical, unique," was the expression of one of our leading surgeons after a thorough examination of this addition to surgical conveniences. It is made of polished copper,

with folding legs, and has in it a perforated tray, with handles, for lifting instruments out of the water, and a metal rack for holding cutting instruments, and over it a cover fits snugly. The alcohol-lamp is a copper box filled with asbestos and having holes running through for the air. The asbestos is saturated with alcohol and set on fire. This makes a very hot, intense flame, and enables you to have boiling water in a very short time. The makers are offering our readers a special rate for a short time only. See their advertisement on page 21, and write them for descriptive circular of their Combination Aseptic Minor Operating and Trephining Case and Sterilizer Combined. Wm. V. Willis & Co., 134 South Eleventh Street, Philadelphia, Pa.

REMOVED TO ACCOMMODATE A LARGELY-INCREASED BUSINESS.

Messrs. Wm. R. Warner & Co. have removed their New York Branch to the more commodious and convenient quarters, No. 52 Maiden Lane. This change became imperative, the space at their former salesrooms having at last become inadequate to admit of the proper conduction of their largely-increased business. There will constantly be on file a complete list of the leading medical and pharmaceutical journals of the United States, and a cordial invitation is extended to the profession to consult them at any time.

MALARIAL CONDITIONS.

For all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of the malarial poison. All such conditions are greatly benefited by the use of antikamnia and quinine. In headache (hemicrania), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition the regular administration of this combination will produce the most happy results. In cases of malarial fever it should be given as a prophylactic and cure.

"Antikamnia and Quinine" are put up in tablet form, each tablet containing $2\frac{1}{2}$ grains of antikamnia and $2\frac{1}{2}$ grains of quinine, and is the most satisfactory mode of exhibition.

(Continued on advertising page 18)

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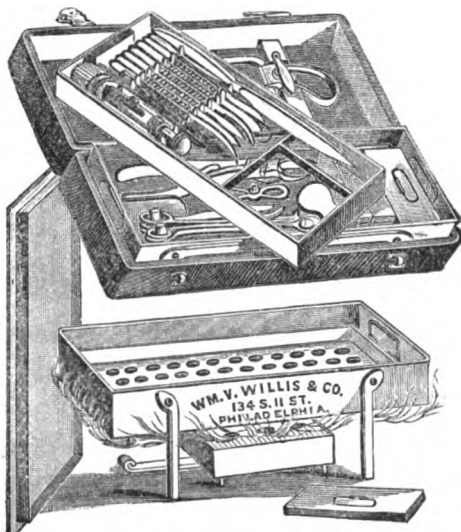
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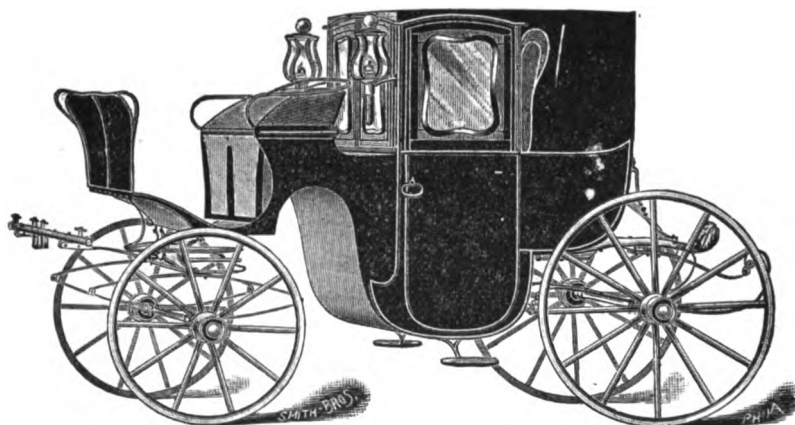
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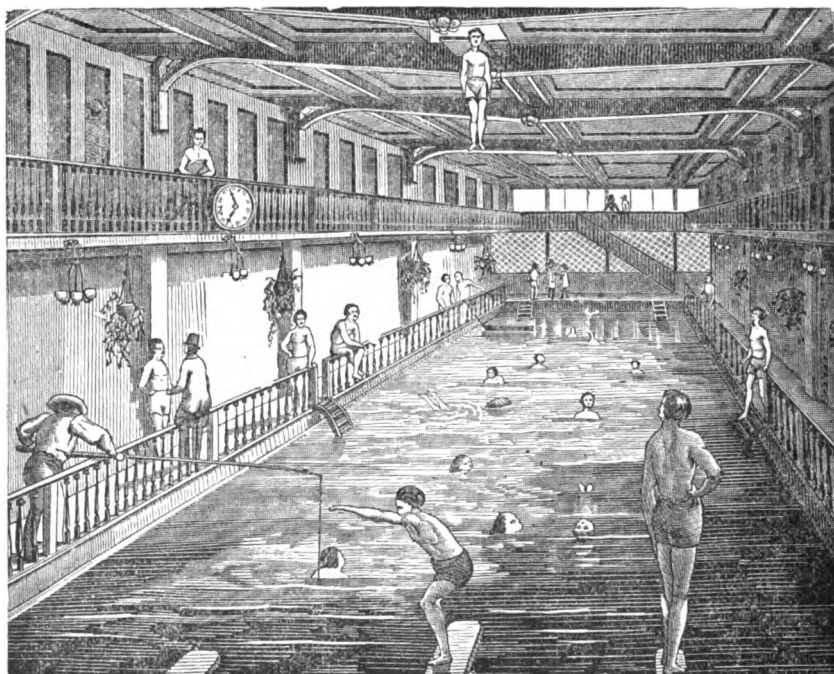
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THE MEDICAL BULLETIN

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY

VOL. XVII.

PHILADELPHIA, JULY, 1895.

No. 7

CLINICAL LECTURE.

*BURNS OF THE CORNEA; ELECTRIC-LIGHT EXPLOSION CAUSING TEMPORARY BLINDNESS; TRAUMATIC INJURIES TO EYES—HYPOPYON.**

By L. WEBSTER FOX, M.D.,
Professor of Ophthalmology, Medico-Chirurgical College,
Philadelphia, Penna.

BURNS OF THE CORNEA.

GENTLEMEN:—

THE boy whom I bring before you first this morning met with a most serious accident last evening. While standing on the sidewalk watching a civic parade he accidentally had a Roman candle explode in his face; he received the full discharge, burning his lashes and eyebrows and scorching the skin about his eyes. The left one received the greater part of the flame, and, in consequence, is the more severely injured. The accident happened about 8 o'clock, and he was brought to the hospital a few minutes later. The house-surgeon, Dr. Pfromm, immediately instilled atropia and bathed the eyes with a boric solution. I was called to see the case and made an examination about two hours after the accident. Upon elevating the eyelids I found both eyes more or less sprinkled with grains of powder and fine particles of clay, notwithstanding the treatment. Both eyes were again thoroughly irrigated with filtered water so as to wash away the fine particles of foreign matter remaining in both cornea and conjunctiva. Plenty of water was applied by

means of our hydrostatic eye-douche. Atropia was again instilled and both eyes sealed with sterilized vaselin; over this came the eye-pads, all held securely in place by adhesive strips. The patient was not disturbed during the night, and we now, in your presence, make another examination. I find, upon removing the pads, that the eyelids are somewhat swollen, red, and showing distinctly the effects of the burns. Upon elevating the upper lid of the right eye the conjunctiva is pink, and on the cornea a few imbedded particles of foreign matter still remain; these we shall wash away with water as hot as can be borne by our patient. You will notice how this is done: the reservoir is held to a certain height, to give the water at the nozzle of the pipette greater force. I find that we have succeeded in washing away the particles, and the surface of the cornea appears perfectly clean. The left eye is in a more critical condition, the upper third of the cornea showing the effects of the burn, being quite opalescent and with a decidedly lacerated surface, as if the particles of foreign matter had torn away the epithelium and destroyed part of the cornea propria. I shall irrigate this eye with the warm water even more carefully than was done in the other eye, so as to be sure to wash away all the foreign matter and, possibly, remove the lacerated tissues hanging on by shreds. The atropia is again dropped into the eyes and both eyes again sealed by a thick coating of sterilized vaselin and eye-pads. The eyes will be dressed again in twelve hours and continued until all danger is past. The prognosis in the right eye promises well. In the left we must reserve our opinion for forty-eight hours. Burns from fire, alkalies, or acids are always

* Clinical lecture delivered at the Medico-Chirurgical College, March 9, 1895.

deceptive, and in no case should you give a positive opinion as to the prognosis until several days after the accident.

I again wish to call your attention to the treatment of gunpowder burns in the face and eyes. One line of treatment is to try to pick off the grains of powder from the cornea or the face with a spud. This is a dangerous procedure and it is simply impossible to get away all the powder, while in your efforts to relieve the patient you make matters worse by irritating the already-damaged cornea. What must be done is, first, to wash the face with hot water; use it freely. The water will enter the small openings in the face and dissolve the grains of powder, and the excessive fluid will cleanse the parts thoroughly. After the face is cleansed attend to the eyes. Keep the lids apart with a speculum, and with the eye-douche irrigate the eyeballs. The patient will at first try to evade the full stream by rolling his eyes upward, but in a short time he will roll both eyes downward and you will then see the good results of this procedure. The force of the stream may be thrown against the cornea. This playing the water against the eyeball may be kept up at intervals of every few minutes, until you feel that you have done all at one sitting that is fairly consistent with the comfort of the patient. Atropia is again instilled in both eyes, if affected, and both are sealed with sterilized vaselin and eye-pads. In twelve hours the cleansing process may be repeated.

I have had three cases within the last two years where this line of treatment was followed out, and it has proven itself entirely satisfactory, very little or no injury to the sight and very little or no tattooing of the face resulting. I hope, gentlemen, that you will remember this, as I know of no treatment equal to it in just such serious cases of which this boy is an example.

Gunpowder explosions constitute only one of a series of accidents which may come under your observation and demand your skill,—boiling water, mortar, melted fat, the many acids (particularly sulphuric acid), caustic potash, explosions from kerosene-lamps or from gas, etc. In some of these accidents the cornea may escape and the conjunctiva only receive the injury. I have in mind a case where the conjunctiva was destroyed by quicklime. It first assumed a white, swollen

appearance, and in a few days the cornea became infiltrated; and, in spite of the most active treatment, the cornea sloughed and the eye was lost, ten days after the accident.

A woman presented herself at the clinic last summer who accidentally received a drop of whitewash in her eye. The hypersecretion of tears washed away most of the lime, yet sufficient remained behind to provoke a most serious condition. By placing the patient in bed, keeping on hot pads (which is good treatment after active inflammation has set in), and instillations of eserine, gr. $\frac{1}{4}$ to 3ij every two hours, the eye was saved with fairly good vision.

When the cornea is touched by a gas flame, hot iron, curling-iron, or melted lead the epithelium of the cornea is whitened, coagulated like a layer of albumin, and raised like a blister; this part of the eye is always sure to desquamate. If the burn have extended into the deeper layers of the cornea we may look for very serious complications, and tedious ulceration even going on to perforation of the cornea. Staphyloma may develop and the vision be lost.

To show you the result of the caustic-potash burn I have asked this little patient to come before the class. She is now 9 years of age. Several years ago she accidentally rubbed a certain quantity of potash (caustic) into both eyes. Her father is a dairyman, and on this occasion had a small open can of this strong alkali standing near some milk-cans which he used in their cleansing. The little girl, then 5 years of age (the accident happened February 23, 1890), got the alkali and somehow rubbed this substance into both eyes, enough to produce a very severe inflammation. As you notice, both eyelids have grown fast to the right eyeball (ankyloblepharon), but the growing fast of the eyelids has caused blindness to this eye. In the left eye the lower lid became attached to the cornea, causing symblepharon and also blindness. Finding a clear part of the cornea toward the upper and inner quadrant, and hoping that possibly by separating the eyelids more corneal space could be obtained, I separated the lower lid and transplanted the conjunctiva of the rabbit. I simply have to show you the eye to prove the success of the operation. The child is now able to attend school and can follow her studies fairly well. At some future time I may

attempt to separate both eyelids from the other eyeball and transplant the skin of the frog, which in the hands of certain operators has been successful.

This man, who has been referred to the clinic by Dr. Muhlenberg, of Reading, is almost a parallel case,—an explosion of hot metal burning both eyes and eyelids,—the left eye is completely closed and both lids fastened to the eyeball, causing blindness. The left lower lid is attached to the cornea of the left eye; upon examination I find that very little cornea is free, enough, however, after separating the eyelid and performing an iridectomy, to give the patient some vision. I take it for granted that the crystalline lens is clear and the fundus normal.*

To recapitulate treatment: In gunpowder explosions irrigate the eyes thoroughly with hot water, instill atropia and cocaine, anoint the eyelids with sterilized vaselin, cover this with eye-pads kept moistened with "Eye Lotion No. 2" of the Pharmacopœia of the Hospital, and so exclude the air. In burns from any flame use atropia up to 40 years of age (for you might provoke glaucoma after this age), eserine after 40. Vaseline-saturated eye-pads kept wet day and night.

For alkali burns apply any oil or melted tallow, or unsalted butter when you cannot obtain vaselin, which is, however, almost always to be found in every household, and may take the place of the oils or tallow, butter or thick cream. Bathe the eyes with our favorite lotion, which is composed of the following ingredients:—

℞ Acidi borici, . . . gr. xx
Aq. menth. pip., . . . f ʒijj.
Aq. camph.,
Aq. destil., . . . ʒss f ʒij.—M.

Eserine sulph., gr. ¼ to ʒijj, one drop every three hours.

I am sure that this drug will assist in saving the integrity of the cornea when all hope seems gone. Eserine reduces the tension and is also an antiseptic of considerable value.

Dry acids are more destructive and if any quantity is thrown into the eyes the cornea is

destroyed immediately and you can hold out but very little hope to your patient. Diluted acids, while liable to cause trouble, are not so serious, and much may be done by using alkali waters immediately, such as salt water or boric acid solutions.

We may also add local depletions, such as leeching, and in some cases I am old-fashioned enough to try blood-letting at the arm. Under all circumstances the patient must be kept *in bed and in a darkened room*, and as a local anodyne we may use externally the extract of belladonna. Each and every case of burns to the eye must be a law unto itself, and I can only in a general way give you rules to follow in the treatment.

TEMPORARY BLINDNESS DUE TO ELECTRIC EXPLOSION.

The case which I show you now is one of particular interest. Three hours ago this man was blinded by a sudden explosion in a trolley-car. He was shunting the current, and, as you are aware, the current of electricity running through a trolley wire is a force of tremendous power, either for generating light or force. This man, as I remarked before, was shunting the current in his car, and he did it with a large, steel screw-driver. As soon as he made the connection there was a tremendous explosion, and the man was blinded by the terrific light produced, causing paralysis of the retina. He was brought to the hospital in this condition. Warm applications were immediately applied, and he was kept in a darkened room. In examining the eye I find nothing, apparently, the matter with the cornea; pupil widely dilated; the blood-vessels of the fundus oculi contracted; and the disc pale. He is now gradually regaining his vision; and while, at the present moment, he could not possibly find his way home, yet in a few hours he will, in all probability, be fully restored to vision. Warm application is the treatment in such cases. Strong currents of electricity contract the blood-vessels, causing a temporary paralysis of the coats of the arteries, suspending circulation, which causes blindness, and, where the granular layers of the retina are not destroyed, we may expect a restoration of vision.

Our experience in such cases, from the recent introduction of the trolley-system, is very limited; but the very few cases on record

* This patient was cured of symblepharon by separating the lower eyelid from the eyeball and covering the raw surface by transplanting a strip of conjunctiva taken from the upper part of the eyeball, leaving the one end attached to the eyeball to insure the circulation, and holding the other end of the graft by stitches. The iridectomy has not yet been performed.

show that only temporary blindness follows these accidents. If the current were to pass through the body death would surely follow.

A short time ago I had the opportunity of assisting in the electrocution of six dogs by the alternating current carried out by Professors Houston and Kennelly. The experiments were made to refute Dr. d'Arsonval's theory, that, in the electrocutions in New York State, death is not produced by the electric current, rather leaving the public to infer that it is produced by the knife of the surgeon in the autopsy which always follows. I made the ophthalmoscopical examination immediately after death, and at intervals of ten seconds until the blood-vessels almost entirely disappeared. The pupils were dilated to full mydriasis; the veins full; arteries attenuated, shrunken to less than normal width; the optic nerves full pink color; in a very few seconds the calibre of veins and arteries shrunk to hair-lines and the optic nerves became very white. All the dogs were again examined in ten or fifteen minutes, and at this time the fundus oculi was very pale and only the faintest traces of veins could be seen. In one dog death was not instantaneous and the circulation returned with the return of consciousness, when the current was turned on again until death; the same contraction of the blood-vessels took place, and in ten minutes faded away.

TRAUMATIC INJURIES TO EYES; HYPOPYON.

The last patient which I present to you belongs to a class that you will frequently have to prescribe for,—hypopyon, pus in the anterior chamber due to a blow upon the cornea from a small stone. Let me impress upon you that a bruise of the cornea is a very serious injury, and do not venture an opinion too hastily. This man had no untoward symptoms from the injury for several days; then, suddenly, he experienced a lancinating pain, flashes of light, phosphenes, intense lachrymation, and photophobia. For twenty-four hours he applied domestic remedies, as tea-leaves, hot water, etc.; but the pain grew worse, and he came to the clinic yesterday with an eye congested and very painful, anterior chamber half full of pus, pupil contracted,—an evidence of pain,—and the cornea, apparently, infiltrated, with a marked tendency to desquamation of the epithelium.

What is to be done to preserve the eyeball and save vision? No internal nor external application of drugs will save the eyeball. The only operation which holds out hope is the one suggested by Saemisch: pass a small Graefe knife horizontally through the lower third of the cornea; this allows the pus to escape through the opening and also has an antiphlogistic action on the bruised cornea; then, by irrigating the parts well with the lotio boracis and instillation of atropia and bandages, we may look forward toward rapid recovery of the wound. The patient is kept in bed, and internally small doses of calomel prescribed. Were we to allow this breaking down of the cornea to go on, perforation of the cornea would surely follow in twenty-four hours and blindness as the inevitable result. The operation was suggested to the patient yesterday, but he refused, and it was only by suffering twenty-four hours more of torture and agony that, to-day, he is even willing to have the eyeball removed to get relief. You will frequently have many cases with serious affections hanging over them, which necessarily require prompt action; and, if the patient or, what is worse, at times, the friends of the patient refuse to heed your advice, you must withdraw and let the patient assume the dire results which will surely follow.

ADDRESS.

THE SLAUGHTER OF THE INNOCENTS*

By H. H. SHERK, M.D.

GENTLEMEN:—

NOTHING, it seems to me, is more common than the subject I have selected for my annual address, namely, "The Slaughter of the Innocents."

"It is a crime that smells to Heaven and has the primal eldest curse upon it." It is that something might be done by this society, as a society or as individuals, that moves one to take arms against it. Many lives are wantonly slaughtered day by day, year by year, under our very sight.

* President's annual address to the Camden District Medical Society.

"Vice is a monster of so frightful mien
As to be hated, needs but to be seen :
But seen too oft, familiar with her face,
We first endure, then pity, then embrace."

It "out herods Herod," for when that tyrant slew all the male children in his realm, or when Pharaoh caused the massacre of innocents in Egypt, they did no greater crime than is now committed in our modern times. How abhorrent to see innocent lives thus destroyed ! A life of an innocent victim offered as a sacrifice to the inhuman desires of its parents. These crimes are so common that they lose the name of villainy. Some mothers who have become pregnant will try in every way to get rid of their offsprings. Many will use all methods known to them to cause abortion, even to the risk of their lives will enter the sacred cavern of their nature and destroy what God has allowed to be. Others, who are more timid, after trying the simpler means, carry the foetus to the full term, amid days of melancholy and ill brooding, the result of having an offspring much of the same nature.

It is a burning shame to the medical profession that there are a few men who will degrade themselves, losing all manhood and conscience, sin against God and nature, by producing criminal abortion. I am glad to say that such do not enjoy fellowship in this society. Many a life has been shortened ; many a chair is vacant ; many a home is desolate. How many death-certificates of typhoid fever, septicæmia, and the like cover the real cause,—abortion ! Why is it that American women dislike to bear more than one or two children ? In former years it was an honor. It is the better class, as a rule, who have less children than the lower class. What then, will be the result socially if the lower class gain the ascendancy, as they surely will if this condition of things continue ? It will be that the majority will rule. It needs no prophet to read the terrible condition which will ensue to society, as surely as night follows day.

The percentage of abortion criminally produced would be almost impossible to obtain, because it is only exceptionally that human beings confess their crimes, not even women to their physicians.

Professor Parvin, of Philadelphia, in answer to an inquiry says : "I have known a few instances in which women kept a uterine sound and, menstruation failing to appear at the usual

time, were expert enough to pass the sound, so that if pregnancy existed it would promptly end." He could not give a percentage of the criminal cases, principally on account of the untruthfulness of those who perform the act.

Professor Noble, of Philadelphia, thinks that perhaps 50 per cent. of abortions are criminal. He says : "For some years my practice has been largely of a consulting nature, so that I fear my judgment as to the number of abortions criminally induced may not correspond with the facts of the family physician.

"It is quite natural that I should be called in only in cases where something has gone wrong, and as sepsis, hæmorrhage, and retained secundines are more common in criminal than spontaneous abortion, they would represent the actual facts of the case. Having premised these qualifying facts, I would say that in my experience more than half of the cases of abortion are criminal."

Professor Penrose says : "I am under the impression that in the decided majority of cases of abortion and results of abortion which I treat the condition has been self-induced." In my own practice I am led to believe that at least 75 per cent. of my cases are criminal. Other physicians with whom I have discussed claim as high as 90 per cent. Are these facts before us not appalling ? Not only the foetus suffers, but what becomes of the poor woman who persists in this practice.

Go to the hospital and get your answer. Look at the tombs in yonder cemetery. See the poor, helpless woman, perhaps on the verge of insanity, undergoing a surgical operation at some hospital. Consult the roster of the insane asylum and there you will see the result of this ever-present evil. Surely "the way of the transgressor is hard."

The Remedy.—Many women who perform this criminal act fail to realize the enormity of the crime, which is nothing less than murder. When a physician has knowledge that such an act has been committed, or believes it to have been, and is called in to treat the case, he should not fail to speak plainly to the victim, and show her the enormity of her offense. He owes it to sinning women, to his profession, and to posterity to do everything in his power to prevent a repetition of the deed. If every physician who has knowledge of such offenses were compelled to report the same to a police magistrate, and thus start the ma-

chinery of law against those who did the deed, it is quite likely that there would be a diminution of the crime. Unless there be some improvement in public morals in reference to this act civilization may find it necessary not only to make laws against this crime, but to see to it that they are executed, in word and in deed, for the preservation of the human race.

We Americans shudder as we read of the heathen women who, to appease a god, throw their infants into the river Ganges, and yet those who deliberately perform the crime of abortion are infinitely more culpable. The former, it is true, take human life, but they do not injure their own bodies and the human race in doing it. It is frightful to think that this crime is performed by a nation which claims to have reached the apex of civilization.

Cynics may well sneer at us, and the atheist point his finger of scorn at the so-called Christian nation which sends missionaries to the heathen to convert people less guilty of crime than ourselves.

The physician's duty is to teach the woman whom he visits the dignity of motherhood and the atrocity of the crime which she performs against nature in attempting to get rid of the foetus. If necessary to prevent the crime, threats of exposure should be made. A physician cannot be too severe in the denunciation of this act, which is contrary to every human instinct. No false modesty or fear of losing patronage should seal the physician's lips on such an occasion.

Laws on this matter will avail but little until society is educated to an appreciation of the villainy of the offense. The rising generation should be taught more about the law of hygiene and the evil results which are sure to follow by disobeying the laws of nature. When God formed the womb he made it to carry its product until matured, and in rare cases, it is my opinion, abortions occur spontaneously.

The medical man who has any respect for himself will not produce criminal abortion, not because he is afraid of the law, but because, as a rule, the profession is composed of a higher element of manhood that never stoops to debase itself.

I cannot close without quoting from the late Professor Goodell in his work on "Gynæcology." He says: "I dare any political economist to show me one expedient where con-

ception can be avoided. I challenge him to name a single preventive which will not do damage either to good health or good morals. Even natural sterility is a curse. Show me a home without children, and ten to one you show me an abode dreary in its loneliness, disturbed by jealousy or estrangement, distasteful from wayward caprice or from unlovable eccentricity."

Therefore, as hygienists, if not as moralists; as physicians, if not patriots; as guardians of the public health, if not as philanthropists, I charge you to frown down upon such practices and take a bold stand against them. Else see to it that in the end you are not held to a strict account for the knowledge you possess.

CRAMER HILL, N. J.

ORIGINAL COMMUNICATIONS.

THE THERMOGENIC CENTRE IN THE TUBER CINEREUM.

By ISAAC OTT, M.D.,

Professor of Physiology in the Medico-Chirurgical College, Philadelphia.

IN 1885 I first published the statement that in the optic thalami were thermogenic centres. Afterward I more accurately located them in the tuber cinereum. These experiments have been confirmed by Baculo and contradicted by others. The contradiction, in some cases, can be explained by the use of dogs, which are unsuitable for this experiment. The original experiments were made upon rabbits, and they are the most suitable animals for experiments upon the thermogenic centres seated in the basal ganglia. In other cases, although the observer obtained a rise of temperature, yet he referred it not to an injury of the thalamus, but to irritation of its close neighbor,—the corpus striatum. I propose, in this short paper, to give a method by which the corpus striatum effect may be eliminated. In the same temperature and about the same time two rabbits, alike in size and general condition, were bound down on two Czermak rabbit holders and etherized.

In both the carotids were ligated and the top of the skull removed. Then the brain was elevated by a narrow wooden spatula till I could, in both cases, see the optic commissure. In one the tuber was punctured by a probe two millimetres wide and one thick; in the other it was not. Then in both the brain was

lowered into its place and covered with absorbent cotton. Their temperatures were taken before being bound down, and after the operations their temperatures were noted about every five minutes. Both animals were kept bound down on their abdomen. Great care was taken to keep the air-temperature steady. All the temperatures were taken with the same thermometer, and the animals were kept in as like condition as possible, except that one had its tuber cinereum punctured.

After the temperatures were noted, then the difference between the temperature before the operation and the highest afterward obtained was noted. Then the rise obtained in the one with the tuber only elevated, but not punctured, was deducted from the temperature-rise obtained in the one with the tuber punctured. This I call the actual gain of temperature due to puncture of the tuber cinereum. In one case, where the tuber was not punctured, the animal had a fall of temperature (Series 2), which, perhaps, should be added to the rise in the punctured animal; but I have not done so, and have taken the rise as the actual gain of temperature.

Then the actual increases of temperature due to puncture of the tuber cinereum are as follow: 3.2° , 0.4° , 1° , 2.6° , 4.4° , and 1.4° F.

It seems to me that these actual gains of temperature should leave no doubt but that, in the puncture of the tuber cinereum, we have a rise of temperature. Now, in my papers, I have shown that a puncture in this region is not only accompanied by a rise of temperature, but a rise due to increased production of heat.* What I have denominated there as Schiff's crying-centre in rabbits is seated in the tuber cinereum, and is simply a point which causes a prolonged expiration accompanied with a peculiar, shrill cry, and, when this cry takes place I have invariably found a rise of temperature. These experiments demonstrate that the tuber cinereum contains a thermogenic centre, and that the puncture made into it causes a rise of temperature which is not wholly due to an irritation of the neighboring body,—the corpus striatum,—and that this rise of temperature is caused by an increased heat production. Therefore, the tuber cinereum is a thermogenic centre.

*Therapeutic Gazette, Nos. 16 and 17, 1887.

Following are some of the experiments made upon this point:—

SERIES 1. Air temperature, 88.

Rabbit.		Rabbit.	
Time, P.M.	R. T.	Time, P.M.	R. T.
4 03	104	4.50	104.6
4.07	Optic chiasm torn.	4.55	Tuber cinereum elevated, but not punctured.
4.08	105.8	5.00	105.1
4.15	106.2	5.08	104.9
4 22	106.7	5.15	104.9
4 28	107.4	5.30	104.9
4 34	107.7	5.39	104.6
4.44	103	5.48	104.6
	+3.7° F.		+0.5° F.

Actual gain, 3.2° F.

SERIES 2. Air temperature, 80.

Rabbit.		Rabbit.	
Time, P.M.	R. T.	Time, P.M.	R. T.
5 00	104.1	5.25	101.1
Tuber cinereum punctured.		5.30	Tuber elevated, but not punct.
5 08	104.5	5.35	100.6
5 35	103.6	5.50	100.6
5 45	103.5	6 00	100.6
6 15	102.6	6 10	101
		6.23	101
	+0.4° F.		—0.5° F.

Actual gain, 0.4° F.

SERIES 3. Air temperature, 89.

Rabbit.		Rabbit.	
Time, P.M.	R. T.	Time, P.M.	R. T.
4 00	103	4.00	104
4.10	Tuber punctured.		Tuber elevated.
4 25	102.5	4.45	104.2
4.30	102.5	4.55	104
4.40	102.5	5 05	104
4.50	104.2	5.15	103.5
5.00	104	5 25	103.5
5.10	102.5		
	+1.2° F.		+0.2° F.

Actual gain, 1° F.

SERIES 4. Air temperature, 96.

Rabbit.		Rabbit.	
Time, A.M.	R. T.	Time, A.M.	R. T.
10.00	103	10.05	102.5
10.05	Tuber elevated.	10.10	Tuber punctured.
10.25	105.5	10 35	103.2
10 35	104.5	10 40	104.2
10 45	104.2	10 50	104.6
10.55	104.2	10.57	105.2
11 10	104.4	11 05	105.6
11 20	104.9	11.15	106.3
11.30	104.0	11 25	107.0
		11.30	106.5
	+1.9° F.		+4.5° F.

Actual gain, 2.6° F.

SERIES 5. Air temperature, 92.

Rabbit.		Rabbit.	
Time, P.M.	R. T.	Time, P.M.	R. T.
3.30	104.2	3.30	104.5
3.35	Tuber punctured.	3.40	Tuber elevated.
3.45	105.0	3.53	105.5
3.55	105.5	4.00	105.5
4.00	105.5	4.10	105.5
4.05	106.0	4.30	105.3
4.15	106.5	4.40	105.3
4.25	107	4.55	105.1
4.35	107.5		
4.40	108.8		
4.55	109.0		
5.20	109.5		
5.45	109.1		

+5.5° F. +1.1° F.

Actual gain, 4.4° F.

SERIES 6. Air temperature, 96.

Rabbit.		Rabbit.	
Time, P.M.	R. T.	Time, P.M.	R. T.
1.20	103.5	1.10	102.4
1.25	Tuber elevated.	1.15	Tuber punctured.
1.30	104.5	1.18	102.6
1.40	105	1.25	102.2
1.50	104.7	1.35	103.2
		1.45	105
		1.55	103.6

+1.2° F. +2.6° F.

Actual gain, 1.4° F.

PHYSIOLOGICAL LABORATORY.

THE TREATMENT OF SYMPTOMATIC ANÆMIA.*

By W. BLAIR STEWART, A.M., M.D.,

ATLANTIC CITY, N. J.

Lecturer on Therapeutics; late Instructor in the Practice of Medicine in the Medico-Chirurgical College, Philadelphia.

A FEW illustrative cases briefly summarized will serve as an introduction to my subject.

Case 1. Miss M. T., aged 16 years, resident of this city, complained of general weakness, nervousness, and loss of weight; legs unsteady and weak; always tired, indolent, and sleepy. Menstrual fluid pale, diminished in amount, and irregular. Is quite constipated. Drinks strong coffee every morning and is quite fond of tea. Complexion is sallow, mucous membrane pale, and a marked condition of anæmia. Habits sedentary. Had taken iron tonics for a long time without effect.

*Read before the Atlantic County, N. J., Medical Association, May 1, 1895.

Treatment.—Coffee, tea, and strong acids were absolutely forbidden. Ordered a glass of hot, rich milk with each meal; oatmeal in the mornings; rich soups, meat-broths and juices, rare roasted beef, chicken, eggs sparingly, baked potato, fresh vegetables, and little or no pastries. Must live in the open air and sunlight as much as possible. Take a weak, cool, salt-water rub every other morning. Constipation was broken up by a pill of cascara and aloin, which was given at bed-time daily. Gave $\frac{1}{10}$ grain of arseniate of strychnine four times daily. Improvement began almost at once. Four weeks later she was given the following:—

R. Tr. nucis vomicæ, . . . f3j.
Liq. potassii arsenitis, . . . f3iss.
Liq. ferri albuminatis, q. s. ad f3iv.

M. Sig.: One teaspoonful after meals and at bed-time.

Case was cured in three months and the young lady is now perfectly well and ruddy.

Case 2. Baby, A. R. H., aged 11 months, was brought to Atlantic City from the West, about January 10, 1895. Very pale, anæmic, fat, and flabby, and could not play without great exhaustion. It was housed closely and took 2 quarts of rich Alderney milk every twenty-four hours. The rich milk was withdrawn and 1 quart of common cows' milk substituted, taking care that most of the cream was skimmed off. Beef-broth and beef-juice were begun and increased in amount. Some very soft boiled rice occasionally, as well as a small amount of stale bread. Ordered a cool or tepid salt-water rub every third morning, and directed the mother to live on the sea-shore with him every moment possible. Ordered lactophosphate of calcium and liquid albuminate of iron four times daily after food. In three months the child was entirely changed, and is now as hardy and ruddy as could be expected for a baby of that age.

Case 3. G. P., convalescing from blood-poisoning and pyelitis, came to the sea shore in a greatly-depressed, pale, weak, and anæmic condition. Put him on rare beef, beef-juice, beef-broth, raw oysters, soft-boiled eggs, baked potato, rice, and skimmed milk. Ordered a cool sponge-bath each morning, followed by free rubbing. Had him spend all of his time in the sunlight and air on the beach. No medicinal agents were used until a few days later, when he was given the formula of iron

and arsenic already noted. The anæmic condition quickly subsided, and recovery was rapid and complete.

Case 4. Mrs. H. S. K., a pale, anæmic, weak city-woman in high-society life, came to Atlantic City, where abortion was unfortunately induced at the third month of pregnancy by overexertion, cold, and fatigue. She recovered from it nicely, but the anæmic condition was more pronounced than before. Constipation was an important feature of her case. She was given a laxative pill and the regulation mixture of the tincture of the chloride of iron and phosphoric acid, together with appropriate diet and fresh-air life on the beach. No apparent result was noted except that the anæmic condition increased. Fearing that the bowels were at fault and responsible for the anæmic and other symptoms, she was directed to use rectal injections, or, rather, rectal irrigations regularly night and morning, using them milk warm at first and gradually lowering the temperature. She began with 1 quart at first, and was finally able to use from 2 to 3 quarts at once. At the same time I ordered the mixture of albuminate of iron and arsenic. Improvement was miraculous, and in a few weeks she showed a marked improvement, and at the end of six weeks the cheeks and mucous membranes were ruddy and she declared herself in perfect health. The rectal flushings—they might be called colon flushings—were continued, after the first week, once daily, for three weeks, and gradually diminished until the time of her departure, when they were used only occasionally, as demanded.

Simple and commonplace as these cases may seem, yet they serve as good illustrations of our every-day practice and the necessity of certain strict lines of procedure.

The definition and etiology of symptomatic anæmia are given in my book, "A Synopsis of the Practice of Medicine," as follows:—

"Definition.—Symptomatic, or secondary, anæmia is that form in which the normal physiological constituents of the blood are diminished by mechanical causes or demonstrable pathological lesions." "Etiology.—Most common in young girls and those of sedentary habits. Every form of hæmorrhage, primary or secondary, independent of causation. Improper diet. Malassimilation of food, due to impaired digestion, and bolting of

food without proper insalivation; gastritis; and structural lesions of the œsophagus, stomach, intestines, and liver. All chronic and acute diseases are attended by a certain amount of anæmia. Chronic discharges from abscesses, and sinuses, uterine disease, and allied troubles always diminish the nutritive power of the blood. Cancer, malaria, syphilis, tuberculosis, mineral and vegetable poisons, diseases of the lymphatic glands and the blood-making organs. Confinement in close rooms; lack of exercise and pure, fresh air; mental and physical overwork. Appears to be hereditary in some families."

Bearing in mind these points, it is our duty to thoroughly and scientifically investigate every case of anæmia coming under our care and find its underlying cause and direct our efforts to its removal rather than jump to the conclusion that every case demands only iron, manganese, arsenic, codliver-oil, and animal oils and fats. He who thoughtfully reflects upon his cases with a view of attacking causes will meet with most success in treatment. The treatment of anæmia divides itself naturally into the following heads, viz.: First, seeking the cause and removing it; second, climatic and hygienic measures; third, diet; fourth, medicinal methods.

What need I say upon the subject of causation? From the above-named etiology every physician here can recall numbers of cases of anæmia which have been cured directly by their removal alone. The effects of chronic discharges, hæmorrhage, dyspepsia, and structural lesions are so evident that they need no discussion. Constipation, however, is so frequently overlooked that it needs a short notice. In my own experience, you will meet with poor success when you rely upon drugs alone. Case 4 affords a good example. The method of thoroughly flushing the rectum and colon regularly and systematically every few days, after the method of Hall, will cleanse and wash away fæcal masses, accumulated ptomaines, and all mucus, leaving the mucous membrane clean, unirritated, and freed from the necessity of absorbing poisonous materials which vitiate the blood and, by their action on nerve-centres, cause headache, insomnia, loss of appetite, and symptoms familiar to all. I have in mind a young girl who was very anæmic, thin, had no appetite, no ambition, and was inclined to become melancholic, and

who was always obstinately constipated. This method of flushing the lower bowel was instituted and practiced once daily, and, in spite of the fact that she refused all medicines, she rapidly improved in every respect and is now the picture of health. I would like to detail the method of flushing the bowel, but time will not permit.

Climatic and Hygienic Measures.—The large number of invalids who are sent here yearly—and I might here remark that never in the history of Atlantic City have so many realized the real value of our resort—and the great improvement which is noted on their departure will testify to the true healing properties of our climate. In conjunction with other methods, it is necessary to keep our patients on the beach almost constantly, and see that they do not spend their time in close hotel-rooms and amusement-halls. Give them to understand that the virtues of the ozonized air coming from the ocean will be their main medicine; teach them the necessity of learning how to enjoy it best,—by taking full, free inspirations, as a routine practice. Make them sit in the sunlight and avoid shaded pavilions where crowds accumulate. Exercise must always be within moderation and according to the abilities of the patient, always avoiding the point of fatigue. Let your patient go about in a rolling-chair if he can afford it; and, if he cannot and the season permit, let him play in the sand with the children. All this, together with a *siesta* every day, is necessary to derive full benefit from the sea-shore.

The question of surf-bathing is, unfortunately, not appreciated by the masses, and many puny, weak, anæmic patients come here, rush into the surf, and spend hours in the breakers and on the shore in their wet bathing-suits, and, because they retrograde, condemn their doctor at home and leave worse than when they came. If your anæmic patient is capable of using his strength by working in the breakers he should not remain in them longer than one to ten minutes at most, and retire at once to his bath-room, where a brisk rub should be given and a long rest taken afterward. Very few cases should ever be advised to take surf-baths, but should take a salt-water bath in a bath-house, either tepid or cold, as directed for each case. These should rarely be given oftener than every other day or, in some cases, once a week. Each case is

a law unto itself, and should be carefully watched and studied in relation to the use of salt baths. Fresh-water baths are absolutely necessary for cleansing purposes, and should be taken as cool as the patient can well react from with ease. Clothing should be light, but at the same time heavy enough to keep the patient comfortable. Underclothing should be frequently changed, and the patient should never sleep in the same clothing worn during the day. Rubbing, massage, and gentle faradization also add to the efficacy of restoring diminished cutaneous and muscular tone, but must be used with discretion.

Diet must always be adapted to the digestive powers of your subject; but, on general principles, he should avoid tea, coffee, toast, acids, starchy and sweet foods, and the heavier vegetables. Give hot milk, soft-boiled eggs, rare roast or broiled beef, rich broths and soups, fish (but never fried), light custards, baked potato, jellies, and some lettuce. Food must never be washed down by liquids, and large amounts of water must not be taken at or during the meal-hour. The use of tobacco must also be prohibited.

Last in my whole list come the medicines, and iron and arsenic form my mainstays, together with strychnine for its tonic and general stimulating effects. From the nature of things and the physiological composition and action of the blood, it would seem as if iron were present in it in the form of an albuminate. If this be so, all forms of iron administered must first be changed into an albuminate before nature can make practical use of them. Albuminate of iron is undoubtedly a true chemical compound; possesses all the properties of iron except astringency; is soluble only in an alkaline medium; and is most readily absorbed from the intestines after passing through the stomach, as shown in my article in *The American Therapist*, March, 1893. Liquid albuminate of iron is the preparation which I use, and contains about 2 grains to the drachm. Nature can only assimilate a limited quantity of iron, and, when we consider that the estimated quantity of it in the entire human body is from 15 to 45 grains, and that the greatest loss of it demonstrable in an anæmic patient is about 3 to 4 grains (Baruch, *New York Medical Journal*, May 13, 1893, p. 523), the quantity administered need not be large. All excess of iron absorbed does

not enter into composition with the blood, but is found stored up in the cells of the liver as a foreign mass, awaiting nature's time for elimination or possible absorption. Food should form the main source of iron, as in it it is ready for assimilation. Arsenic is also a very valuable remedy and has its chief action through its alterative effects only. It may be administered alone, in very small doses, or in combination with the liquid albuminate of iron in the form of liquor potassii arsenitis. Other medicinal agents are recommended and used, but, to be candid, I believe I administer the preparations of iron more as a matter of routine practice, in anæmia, than for any true beneficial results which they produce.

This article has only served to introduce the subject, and gives a general synopsis of it, which, although incomplete, I hope has impressed some points too often overlooked and neglected.

TRIONAL: ITS RANGE OF APPLICABILITY.

By SAMUEL WOLFE, A.M., M.D.,
PHILADELPHIA.

Physician to the Philadelphia Hospital, Neurologist to the Samaritan Hospital.

IN casting about for an hypnotic we have the ideal in view. We look for a substance which, while easily administered, will promptly produce sleep in all respects like the normal and for about the normal period, and which will make no deleterious impression upon the system in any way.

So perfect a drug would imply, so to speak, a perfect pathology of the symptom,—insomnia. That this is more true in an abstract sense than is generally admitted I am inclined to believe. Whenever that portion of the nervous system involved in the maintenance of consciousness is active, while in the normal course it should be inactive, the immediate cause (if the physiological theory of sleep is correct) is the continuance of too active and too voluminous a blood-supply to the tissues concerned.

A drug that will regulate this disturbance will prove a true hypnotic. That its power to do so will depend largely on the given cause of the hyperæmia is a foregone conclusion. Where fever and pain are absent, or trifling in degree, trional and other drugs of the same class seem either to reach the cause or in some

other way abolish the symptom. That they do it by overcoming the hyperæmic condition rather than by directly stupefying the cortical cells is, from the observation of the normal quality and quantity of the sleep produced, a rational conclusion.

The superiority of trional in promptness, ease of administration, and absence of bad or disagreeable after-effects over most, if not all, other hypnotics seems fairly well established.

When a dose of 15 grains is given, sleep usually ensues within a half hour if at all, and this result seems but little altered whether the drug be administered in a warm vehicle (it does not readily dissolve) or given as a dry powder or in capsules. It is indeed often so prompt that the patient sleeps within a very few minutes after ingestion. The dose in some cases must be larger than 15 grains, although I should not advise more in any case unless the susceptibility of the patient had been first ascertained; and in many cases I believe 10 grains would prove efficient. It may be safely repeated at least once in a night and in an hour if necessary.

As to disagreeable after-effects, some of my patients have complained of a feeling which they are hardly able to describe; but, while it may be an approach to vertigo, I gather it is rather more closely akin to the sensation which is experienced when we are obliged to keep awake for some reason not very forcible or agreeably stimulating, though intensely sleepy. It has usually occurred when proper composure and disposition of the body has not been attained in time to yield freely to the effects of the drug. A feeling of drowsiness during the following day has, in a very few instances out of quite a large number of observations, been noted. This again is very much like the normal feeling which follows an ordinary good night's rest after a number of previous nights have been sacrificed.

In the following cases the dose was in each instance 15 grains unless otherwise specified, and was always given at bed-time:—

Mrs. O., aged 42, since her husband's death, some weeks before, had lost her appetite and suffered from globus and sleeplessness. There was no cardiac murmur, but the first sound was decidedly weak. It was in this case, as well as several others, that the dizziness alluded to occurred. She slept well on each dose.

Mrs. S., aged 29, who had an ovariectomy

performed a year ago and eight weeks ago another gynecological operation of which I did not learn the nature, was dominated by some imperative ideas which caused her to dread going alone into the front room of her house and to tremble with fear at the sight of a funeral procession. She had a tender abdomen, obstinate constipation, and slept only two or three hours in a night. A few nightly doses with the use of codliver-oil and tonics and proper attention to the bowels started her at once on the road to improvement.

Mrs. R., widow, aged 40, with three noisy and ill-behaved children, suffering with a neuritis, the result of a fall, gained the rest, which had long failed her, with the first dose.

Mrs. —, widow, aged 63, had an aortic murmur, dilatation of the stomach, some pulmonary oedema, and partial suppression of urine. Sleep had been poor for weeks, but came promptly with the use of trional.

Mrs. McK., aged 23, slept poorly during the last weeks of pregnancy, and continued to do so after labor. The first dose failed, but the second on the following night succeeded.

Mrs. L., widow, aged 47, with cardiac hypertrophy, chronic pericarditis, loud mitral murmur, bedridden for several months, slept well on trional. Bromides, stimulants, and antispasmodics had all been used before with indifferent success. It was administered only every other night. After some three or four doses had been used in this way she experienced a severe attack of cardiac depression, of which she had before had a number of a milder sort. The trional, however, had not been taken on the night immediately previous to this attack, but the possible influence of it as a causative factor would, nevertheless, seem to point to caution in its administration in so extensive a case of heart-lesion.

Mrs. E., aged 32, always a poor sleeper, was suffering from very violent headache which had been preceded by an acute coryza and was accompanied by neuralgic pains in the sciatic nerve, from which she often suffered. She took during the night trional and during the day

R. Potass. bromid., . . . 3iij.
Tr. cannab. Ind., . . . f3iij.
Ext. ergot. fld., . . . f3ij.
Syr. acac., . . . f3ij.
Aquæ, . . . q. s. ad f3vj.

M. Sig.: Tablespoonful every three hours.

She was completely relieved in forty-eight hours.

Miss E. F., aged 47, had been for some months under treatment for vague nervous symptoms, including a girdle sensation and various paræsthesias of the lower limbs. Her sleep was poor. She described the feeling just prior to going to sleep as "very queer," and was drowsy all next day.

Miss A., aged 40, a neurasthenic with frequent neuralgic and migrainous attacks, had some wheals of urticaria which she feared would result in another severe attack such as she had a year earlier and which proved extremely rebellious to treatment. She took trional for two nights in succession, with 3 grains sodii salicylas three times a day, promptly aborting the attack.

J. C., aged 32, male, in an advanced stage of pulmonary tuberculosis with a neuritic palsy of the serratus magnus muscle, had just passed through several slight hæmorrhages. He slept very soundly under the use of trional, but was very drowsy all next day.

Miss D., aged 23, always a poor sleeper, was suffering from the depression of influenza. She slept soundly on trional.

G. S., male, aged 40, was in the period of delirium and hallucinations of sight of his first attack of delirium tremens. He was extremely tremulous, and his urine was loaded with albumin. His appetite had been very poor for months before the attack, which resulted from steady, hard drinking, rather than from occasional debauches. His sleep, too, had been extremely poor. The trional failed entirely, though repeated within an hour, and later in the night $\frac{1}{4}$ grain of morphia was injected hypodermatically and it succeeded in producing sleep. A few nights later, when the delirium had almost entirely subsided, but the sleep had not yet become established, 20 grains of trional succeeded admirably, and no further medication was required in this direction.

Mrs. D., aged 39, with hysterical diathesis and great nervousness and depression from anxiety about a very sick daughter, slept fairly well on taking 15 grains of trional.

Trional was also given in a variety of conditions in smaller doses, with a view of ascertaining what other properties, besides those of an hypnotic, it might possess.

In a number of the milder cases of *la grippe* that presented themselves, where the main

symptoms were a decided nasal and pharyngeal catarrh, doses of 1 to 3 grains every two or three hours, when used alone, seemed to speedily dissipate the symptoms, but when combined as in the following formula acted still more efficiently, especially in such cases as had subsided into a subacute form or where a chronic catarrhal affection has been exaggerated by the epidemic influenza:—

R Quin. sulphat.,
Trional,
Salol,
Camphoræ, . . . ʒā gr. x.
M. et in capsul. no. x div.
Sig.: One capsule four times a day.

It will be seen that the quinine and salol were given in too small a dose to have much efficacy alone, while it must be admitted that camphor is usually a very excellent medicament in the more acute cases of this kind in the dose used. I am, however, inclined to think that the combination is more useful than any one of the drugs singly, and this, too, with a full experience in the use of the older ones.

In a case of severe chorea which the mother said had existed since infancy, the boy being 7 years of age, quite remarkable results were achieved by the administration of 4 grains t. i. d. for two weeks. Fowler's solution had been tried for the same length of time, without any appreciable result. The patient, being a dispensary case, has not returned; so that the further result remains in doubt. In another case of chorea, a girl of 4 years, 3 grains four times a day failed utterly to do good.

A woman of 60 years, with a heart murmur, had also been for some months afflicted with a brachial neuritis, which periodically became intensely painful and required occasionally the use of opiates. She was very promptly relieved in her last attack, and apparently more permanently than previously, by

R Quin. sulph., . . . gr. xx.
Trional, . . . gr. xxx.
M. et in caps. no. x div.
Sig.: One every three hours.

It should be stated that quinine, phenacetin, acetanilid, salol, and other analgesics had been freely used in former attacks.

I think myself fully warranted in coming to these conclusions: 1. That trional deserves a high rank amongst hypnotics. 2. That it has

a useful range of application in catarrhal inflammations. 3. That it deserves trial in neuralgic and myalgic affections. 4. That it may be found useful in chorea and other neuroses.

1701 DIAMOND STREET.

THE ETIOLOGY AND TREATMENT OF INFLAMMATION OF THE UTERINE APPENDAGES.

DR. AUGUSTIN H. GOELET, of New York, read a paper on this subject, at the recent meeting of the American Medical Association at Baltimore, in which he stated that the contention was not that these inflammations of the tubes and ovaries can always be cured, but that it is frequently possible and, unless immediate operative interference is absolutely demanded, the patient should be given the chance and the attempt should be made before submitting her to a radical operation. This he thought particularly important, since treatment directed toward attaining this end did not militate against a subsequent operation for their removal should it become necessary, but, on the contrary, improved the chances of an ultimate successful result. He called attention to the fact that when once removed these organs cannot be replaced, and asked the question if it were not a serious error, in the light of recent developments in the etiology and pathology of the inflammations of the appendages, to remove these organs without previous attempt at a cure or removal of the cause which may be operating to maintain such condition. It may be denied that diseased tubes and ovaries are removed unnecessarily, but it must be admitted that they are too often removed for disease which is amenable to patient and persistent treatment, or which may be cured by a minor surgical operation involving no risk, such as curettage or repair of a lacerated cervix.

If these cases are submitted to careful treatment instituted for the purpose of clearing up the surrounding exudation and favoring drainage through the natural channel (the uterus), in many instances the necessity for a radical operation would be removed and the woman would be restored to a life of usefulness and happiness.

In corroboration of these views he reported twelve selected cases which had come to him

from other gynæcologists, who believed that removal of the diseased organs was the only method to be adopted for restoration of their health, yet these patients recovered completely without the loss of these organs.

The writer stated that these were not the only cases with such an unfavorable outlook which he had been able to cure in this manner, but they had been selected from among a number of others because they had consulted other gynæcologists before they came under his observation.

ABSTRACTS.

TANNIGEN IN ACUTE INTESTINAL CATARRH.

Since its advent into therapeutics tannigen has been utilized in chronic affections of the intestinal canal, and has been recommended by Drs. Muller and Kunkler, especially in the diarrhoea of phthisical patients. Recently Dr. Richard Drews (*Allg. med. Centr. Ztg.*, Nos. 35, 36, 1895) has published the results of his experiments with tannigen in fifty-five cases of various intestinal diseases of childhood, which in his opinion demonstrate sufficiently the curative effects of tannigen upon the diseased intestinal canal, and prove that this remedy is efficient in a larger number of cases than those previously in use, such as calomel, benzoate of soda, bismuth, naphthalin, etc. Unlike Kunkler, Drews found that the remedy is as useful in acute as in chronic catarrh of the intestinal canal. In acute enteritis and gastro-enteritis the administration of tannigen in doses of 0.2 to 0.5 gramme three times daily, in connection with regulation of the diet, effected a more rapid cure than any other method of treatment. The author advises that, after the disappearance of the catarrhal symptoms, the drug should be continued for two or three days for the removal of any intestinal irritation and for the prevention of recurrences. In conclusion, he remarks as follows: "Tannigen is an excellent remedy in the intestinal diseases of childhood, producing a prompt cure by virtue of the astringent and antibacterial properties of tannic acid. Aside from this it has the advantage over similar remedies of being tasteless, odorless, and of not disturbing the gastric functions, and of being perfectly innocuous even when administered for a long time. For the latter reason it can be prescribed in knife-point doses in the case of poor patients."

EUROPHEN IN MINOR SURGERY.

As an antiseptic and cicatrizant in cases of minor surgery, europphen has been favorably commented upon by a large number of authors, and Dr. Doermer has recently added his testimony as to its value as a serviceable remedy to the general practitioner. As he has had occasion to employ it in over eighty cases, his observations are entitled to more than ordinary consideration. Extensive use was made of europphen in the form of the powder in cases of fistulas after extirpation of glands, fresh incised wounds, abrasions of the skin, abscesses, and ulcers of the leg. In the form of a 3-per-cent. ointment it was used in the treatment of contusions, burns, glandular enlargement, and in the after-treatment of operation wounds. In combination with boric acid, 1 to 30, it was employed in middle ear catarrhs and ulcers of the leg, and as 5- to 10-per-cent. gauze in all kinds of recent wounds, abscesses, furuncles and carbuncles, phlegmons, glandular suppuration, etc. In all these cases the author had formerly been in the habit of using iodoform, and he found it difficult to discard this long-tried remedy and resort to another. The results of his change, however, were highly satisfactory. In almost all the cases he was able to completely dispense with iodoform, and never observed eczema or other cutaneous eruptions during the use of europphen. The fact that the latter remedy is devoid of the penetrating odor of iodoform is also greatly in its favor, while symptoms of poisoning were never observed even when it was employed in large quantities. The good qualities of europphen are that it forms an adhesive covering over wounds and that it exerts an antiseptic influence due to the liberation of iodine. Of course, a few instances occurred in which suppuration of wounds was not arrested under the use of europphen, but this happens frequently under the iodoform treatment. The application of a 5- to 10-per-cent. europphen gauze appeared to be the most serviceable dressing for wounds both fresh and suppurating. The powder also proved very effective in cases of markedly-secreting wounds; and in ulcers of the leg europphen exerted an actually specific influence and produced healing much more rapidly than under all forms of other treatment. In cases where iodoform gave rise to irritation of the skin in this class of cases europphen proved extremely serviceable, applied

pure or mixed with boric acid 1 to 3. Inasmuch as it produces rapid healing in cases of fistula resulting from extirpation of the glands and other scrofulous or tuberculous foci, Doerner suggests the use of emulsions of eucrophen with glycerin, ether, or alcohol for the treatment of cold abscesses or tuberculous diseases of the joints. Among all the above-mentioned diseases he is unable to find one in which the remedy proved an absolute failure, and hence he considers himself warranted in counting it among the most valuable additions to the materia medica.

TRIBROMOSALYL.

Hueppe divides the intestinal antiseptics into two groups: 1. Those which are soluble only in alkaline fluids (as, for example, tribromophenol). 2. Those which are decomposed by the intestinal juice before being dissolved and exerting their action (as salol). According to Fajans, tribromosalyl has the formula $C_6HOH + COOC_6H_4Br$ and shares the properties of each class. It is decomposed by weak alkaline solutions (soda solution 0.25 to 100) without the aid of the pancreatic fluid. Moreover, in its passage through the system it is, for the most part, split up into tribromophenol and salicylic acid. It is comparatively free from toxicity, as a rabbit weighing 2 kilogrammes (about $4\frac{1}{2}$ pounds) took 15 grammes (nearly $\frac{1}{2}$ ounce) of it without accident.—*La Médecine Moderne*.

LYMPHATIC VARICES OF THE BUCCAL MUCOUS MEMBRANE.

At a meeting of the French Society of Dermatology and Syphilography M. du Castel presented a patient suffering from lymphatic dilatations of the mucous membrane of the mouth consecutive to repeated attacks of erysipelas. The patient, a young man aged 20 years, had had since his tenth year at least ten attacks of erysipelas. The face remains swollen. Upon the mucous membrane of the lips and cheeks, on a level with the interdental spaces, exist small projections the size of a millet-seed and slightly acuminate. Some are of a whitish opaline color, while others are absolutely transparent. They are small cysts, constituted by lymphatic dilatations similar to those described by M. Tenneson in December, 1893, in a patient who had repeatedly suffered from erysipelas. The case

again demonstrates the profound disorder which erysipelas may cause in the lymphatic circulation.—*La Médecine Moderne*.

EARLY DIAGNOSIS OF DIABETES.

At the Thirteenth Congress of Internal Medicine, held at Munich, M. von Noorden spoke of a sign which permits an early diagnosis. In fifteen individuals who ultimately became diabetic the administration of starch produced no glycosuria, but the ingestion of 100 grammes of grape sugar upon an empty stomach determined, at the end of about four hours, a urinary excretion containing from 6 to 8 grammes of glucose.—*La Tribune Médicale*.

THE RELATION OF GASTRITIS TO MENSTRUATION.

Under this title M. Kuttner, of Berlin, publishes a paper in which he reviews the etiology, clinical symptoms, pathological anatomy, and diagnosis of gastric hæmorrhages. He insists particularly upon the connection of these with the menses. Hæmorrhage from the stomach, according to this writer, is much more frequent than hæmatemesis. When a hæmorrhage is suspected it is necessary, in the absence of hæmatemesis, to examine the stools. At times a microscopical, chemical, or spectroscopical examination of the fæces is required in order to determine the presence of blood. A blackish-brown color of the contents of the stomach is a presumptive, but not positive, sign of the presence of blood. The mixture of a small quantity of blood will often fail to cause a characteristic appearance. Thus, inspection alone cannot lead to a diagnostic certainty. In doubtful cases additional modes of examination are necessary. The positive results of the guaiac reaction are not a proof of the presence of the coloring matter of the blood. On the contrary, the negative results demonstrate infallibly the absence of blood. In treating suspected contents of the stomach with concentrated acetic acid and ether and the ethereal extract by tincture of guaiac and essence of turpentine we have the most rapid and certain process for the discovery of blood.

Gastric hæmorrhages are often periodical, related to menstruation and its anomalies. There are menstrual gastrorrhagias. Hæmorrhages occurring periodically in the subjects of amenorrhœa are related as cause and effect to menstrual anomalies, though it is not neces-

sary to consider them as vicarious, physiologically replacing menstruation. Menstrual gastrorrhagia should excite a suspicion of the existence of latent ulcer of the stomach. In such a case treatment by rest and the method of Leube is indicated. If the treatment fail it signifies the absence of ulcer.—*La Médecine Moderne*.

A CASE OF HYDROTHIONURIA.

Under the title "Hydrothionuria after Prolonged Eclamptic Coma," R. Savor, of Vienna, describes a case which he had observed in the clinic of Professor Chrobak. A pregnant primipara with rachitic pelvis entered the clinic on December 13, 1894. There was nothing abnormal about the urine. The first attack of eclampsia occurred on December 24th. It was followed by a series of seizures continuing after the accouchement, which took place on the following day. The last attack occurred on December 29,—one hundred hours from the beginning of the trouble. The total number of paroxysms was thirty-four. In the interval between the spasms the patient lay in a profound coma. There was incontinence of fæces with retention of urine, on account of which catheterism was required. On December 27th the urine attracted attention by reason of its pronounced odor of sulphuretted hydrogen. Analysis demonstrated that the fluid was charged with that gas. It contained some hyaline casts, but no leucocytes or albumin. The quantity was 600 cubic centimetres (about 20 ounces), and its reaction was acid.

The proportion of sulphuretted hydrogen remained stationary upon the following days. The quantity of the urine gradually augmented until it reached the normal. On December 30th there escaped through the catheter a considerable quantity of gas having the characteristic odor of sulphuretted hydrogen. This phenomenon was repeated several times during the succeeding days. From January 2, 1895, the pneumaturia ceased and the patient began to pass urine spontaneously. The sulphuretted hydrogen gradually diminished and disappeared on January 5th. On the 17th the symptoms of cystitis appeared.

The urine, during the period that it contained sulphuretted hydrogen, was slightly opalescent and became cloudy when shaken. Examination for methylmercaptan gave negative results. The opalescent deposit of recent

urine microscopically examined was seen to be formed by colonies of coli bacilli. The case, therefore, was one of bacteriuria without any clinical symptoms of inflammation of the urinary apparatus. The urine, except for the presence of bacilli, presented scarcely any abnormality.

The hyaline cylinders found on December 27th, and which rapidly disappeared, cannot be attributed to a renal lesion consecutive to the eclampsia. The opalescence is characteristic of urine containing coli bacilli, according to Krogus. This writer says that "when the fluid is shaken a whitish turbidity is seen." The mode in which the bladder was infected was probably through the catheter, as there was incontinence of fæces. The hydrothionuria was caused by the presence of the bacterium coli commune in the bladder. It was only after the lapse of three weeks that the bacteria produced a typical cystitis. M. Savor draws particular attention to the intermediate period of the bacteriuria. In his own case there was a stage of latency between the time of infection of the bladder and the manifestation of cystitis. During the interval the patient had no troublesome symptoms referable to the urinary passages except the fetid odor of the urine and the presence of bacteria. This period of latency is of variable duration, and may even be prolonged for some years before the development of local symptoms or signs of general and urinary infection. The possibility of this period of latency explains many cases heretofore regarded as recurrences of an old cystitis, while the facts show the possibility of an infection without the development of decided symptoms of an already-established inflammation. Finally, according to the author, the case demonstrates that the route of infection by way of the blood of descending cysto-pyelonephritis should be looked upon as less common than had been supposed.—*La Médecine Moderne*.

TUBERCULOUS ADENOID VEGETATIONS OF THE NASO PHARYNX.

In 1874 Meyer noted the frequency of adenoid vegetations in the naso pharynx and described their consequences, which he regarded as chiefly mechanical,—upon respiration and audition. He advised their removal, the feasibility of which is demonstrated by numerous successes.

The return in certain cases, the inexplicable

accidents due to size or situation of ordinary vegetations, the incomplete or unsatisfactory results occurring under circumstances,—though rare, it must be admitted,—render necessary a classification in the nature of adenoid vegetations. Michel Dansac divides them into scrofulous, lymphadenoid, and syphilitic.

M. Lermoyez believes that an infrequent variety of these vegetations may be recognized, viz., the tuberculous form, basing his opinion upon two cases in which ablation determined the development of a tuberculosis latent until that time. Histological examinations of a recurring vegetation taken from a child 6 years of age revealed its tubercular character, giant-cells and Koch's bacilli being present in great numbers. This examination, made by Michel Dansac, has been described by that histologist under the title of "Vegetating Tuberculosis of the Pharyngeal Tonsil." The child was of tuberculous antecedents on the side of the mother, whose neck presented numerous scars of suppurating ganglia.

The tuberculous nature of adenoid vegetation of the naso-pharynx, far from causing us to reject intervention, should, on the contrary, cause a resort to operative measures. Operation should be followed by active local and general treatment.—*Revue de Laryngologie*, etc.

LUPUS ERYTHEMATOSUS IN AN UNUSUAL SITUATION.

At a meeting of the French Society of Dermatology and Syphilography, M. Hallopeau and F. Monod exhibited two women with the remark that lupus erythematosus usually attacks the face and often extends to the hairy scalp, while exceptionally it may occur upon the limbs. It is, however, rare for it to involve the limbs and spare the face, as in the two cases presented. Upon one of the patients there were numerous patches upon the hairy scalp and but a small lenticular islet upon each of the eyes. In the other case the face was completely intact. These manifestations occupied exclusively the hairy scalp, the dorsal region, and the palms of the two hands. This unusual distribution of the lesions adds difficulty to the diagnosis.—*La Tribune Médicale*.

HEXAMETHYLENETETRAMINE.

Nicolaier has remarked that a urine which precipitates an abundance of urates becomes

clear upon the addition of formaldehyde. Tollens has often observed that formaldehyde constitutes with uric acid a soluble body.

Hexamethylenetetramine, the formula of which is $C_6H_{12}N_4$, has the same solvent properties. This compound is obtained by passing a current of dry ammonia-gas over heated trioxymethylene, or paraformaldehyde. It crystallizes from alcohol in rhomboids, easily soluble in water, slightly soluble in alcohol, and almost insoluble in ether. Its reaction is neutral. In consequence of its slight toxicity, compared with that of formaldehyde, hexamethylenetetramine may be prescribed for internal use in doses as high as 6 grammes (about $1\frac{1}{2}$ drachms) in watery solution without fear of producing any disagreeable secondary manifestations. During all the time of its administration the urine preserves its acid reaction and is increased in quantity, but there is no precipitation of urates or crystals of uric acid.—*La Médecine Moderne*.

COLD BATHS IN THE PNEUMONIA OF CHILDREN.

At a meeting of the Medical Society of the Hospitals M. Comby remarked that there is nothing to fear from the use of cold baths even in early childhood. In pneumonia the cold bath at 25° , 24° , 23° , 20° C. (77° , 75° , 73° , 68° F.), according to the age and according to the case, renders valuable service by lowering the temperature, restoring the tone of the patient, retarding the pulse and respiration. In the hospital the speaker orders baths for all his pneumonia patients, when the temperature exceeds 39° C. (102° F.) and the heart is not affected. In a child 3 years of age, suffering from grippal pneumonia, the treatment reduced the fever to such a degree that the patient was given strength to resist the disease. From this point of view no remedy can be placed in comparison with the cold bath. At 25° C. it is well supported even by the youngest children, and, administered prudently, is attended by no inconvenience.—*La Médecine Moderne*.

DIABETIC COMA.

M. Klemperer, as assistant in Leyden's clinic, has observed twenty-one cases of diabetic coma, and has endeavored to determine whether it is due to an acid intoxication. A striking fact is that all the patients eliminated

large quantities of acid. This was proved by examination of the urine. The greater the quantity of ammonia, the greater the amount of organic acids, and, the less carbonic acid in the blood, the more acid was present. Does this fact alone authorize us in concluding that the acid is the cause of the coma? Klemperer does not hold this opinion, and for two reasons: in the first place, researches concerning nutrition have shown that a comatose condition may occur in consequence of increased destruction of nitrogenous material in other maladies, as in pernicious anæmia; secondly, the administration of alkalis is without effect.

In nine cases large amounts of alkalis were given by injection without preventing a fatal issue. It has been objected that the alkalis were given too late, after the acids had already caused irreparable lesions of the nervous system. The following case, however, is a reply to that objection: A man, aged 21 years, under treatment for grave diabetes, took, in addition to an appropriate diet, 20 to 25 grammes (5 to 6 drachms) of bicarbonate of sodium on account of the presence in the urine of a large quantity of ammonia, which indicated an increase of acids. Three or four weeks later the ammonia of the urine had diminished, the urine was often alkaline, and an examination of the blood only showed a slight decrease of carbonic acid (from 30 to 24). The patient died comatose on the very day of that examination. Klemperer believes that there probably exists in the blood a toxic substance which produces an increase of acidity and coma, but that we know no more. From a prophylactic point of view and as a means of restricting nitrogenous destruction he recommends fatty substances. It is necessary to give not less than 250 grammes (about 8 ounces) of fat daily; many patients support that quantity well and utilize it (10 to 15 grammes of loss). Some weeks later, however, disgust may develop, the loss increase to such a degree that a change of regimen will be demanded.

A good adjuvant method consists in replacing hydrocarbons by milk (Leyden) or levulose (60 to 80 grammes). Glycerin, which has been recommended, is not supported, but passes through the system without change. Several varieties of sugar have also been tried (up to the present time 129 kinds have been artificially obtained). Klemperer has also ex-

perimented with a tetratomic sugar (erythrite) with success in one case; pentose (a pentatomic sugar), recommended by Ebstein, behaves like glycerin. Some have thought favorably of alcohol as a means of checking waste (50 grammes a day).—*La Médecine Moderne*.

DIAGNOSTIC AND PROGNOSTIC VALUE OF THE CONDITION OF THE GUMS IN TUBERCULOSIS.

Sticker, several years ago, called attention to the presence of a red border upon the gums of patients suffering from pulmonary tuberculosis. He gave to this appearance the name of "border of Fredericq Thompson," after the authors by whom it had first been described. This border is situated at the insertion, and is clearly distinguished from the neighboring mucous membrane by its intense red color in acute phthisis, bluish red in the chronic form, and white in scrofulous subjects. It is easy to differentiate from the livid or grayish hue found in patients afflicted with gastro-intestinal disorders. The more rapid the progress of tuberculosis, the more intense the redness. On the contrary, the disappearance of the tint is a good prognostic sign. Sticker has verified this manifestation in 1000 patients, and has found it only in tuberculous subjects, especially in young persons and at the beginning of the malady. It is more frequent among men than women.

M. Andreesen, of Ialta (Crimea), in his capacity of physician at a health resort, has corroborated the value of this sign. In 139 actual or suspected tuberculous patients examined from that point of view the red border existed in 92, of whom 69 were actually tuberculous and 23 suspected. Tuberculous patients in whom the red border was absent soon improved. When fever appeared the redness became more vivid.

The writer concludes that the presence or absence of this border upon the gums in a subject of tuberculosis may possess a certain diagnostic and prognostic worth.—*La Médecine Moderne*.

DR. H. C. BASTIAN, F.R.S., has resigned the Professorship of Medicine in University College, London, while retaining the office of physician to the hospital and Professor of Clinical Medicine. He will be succeeded as Professor of Medicine by Dr. Frederick Roberts.—*Medical Times and Hospital Gazette*.

THERAPEUTIC NOTES.

DIPHTHERIA.

Dr. E. B. Robertson, of Jackson, California, says, in the St. Louis Courier of Medicine, that, as a local application, he uses

℞ Bromine, ... gtt. iv.
Alcohol,
Syr. simp., ... ʒj.
Aque, ... ʒij.

M. Sig.: Apply every four hours.

Two hours after the topical application he gives, by the mouth, 1 teaspoonful of the following medicament internally:—

℞ Bromine, ... gtt. iij.
Alcohol,
Syr. scillæ comp., . . . ʒj.
Aque, ... ʒss.
Syr. prun. Virg., . . . ʒij.

M. Sig: Take 1 teaspoonful every four hours, alternating with the application.

It will be seen that, by alternating the topical application with the internal medicament, one or the other will be brought in contact with the diphtheritic membrane every two hours.

TO ADMINISTER SALICYLATE OF SODIUM.

According to Bouchardat, when the stomach will not tolerate the salicylate, it may be successfully given in a tablespoonful of a mixture composed of

℞ Creasote, ... ʒj.
Tr. gentian., ... ʒss.
Alcohol, ... ʒiv.
Red wine, ... Oss.—M.

—*Medical Times and Hospital Gazette.*

PAINLESS TOOTH-EXTRACTION.

According to the Medical Standard, the following has been found of value by many dentists:—

℞ Ol. gaultheriæ, . . . ʒij.
Chloroform., . . . ʒj.
Ether. sulph., . . . ʒj.
Chloralis, . . . ʒij.
Ol. caryophyllus, . . ʒiv.
Alcohol., . . . ʒxij.

M. Sig.: Apply with cotton pressed on each side of tooth.

INSOMNIA.

Asafoetida, in pills of 5 grains, given after supper and before retiring, will often produce a tranquil and refreshing sleep. In light

delirium, and especially in the period preceding an attack of delirium tremens, the rectal injection of 2 ounces of extract of asafoetida is often followed by a deep slumber and allows us to dispense with narcotics, the use of which is not free from danger.—*La Médecine Moderne.*

ASCLEPIAS TUBEROSA IN PNEUMONIA.

According to Ch. Churd, asclepias tuberosa (pleurisy-root), given during the first twenty-four hours of a pneumonia, will nearly always abort the attack. It is efficacious at any stage of the malady.—*La Médecine Moderne.*

CHLORALOSE IN DELIRIUM TREMENS.

M. Haskovec has seen good results from the administration of chloralose in delirium tremens. He prescribes this drug in the dose of 10 grains dissolved in hot water. Sleep was quiet; the general tremor, as well as that produced by voluntary movements, was diminished. There was no secondary effect.—*La Médecine Moderne.*

SOLUTIONS OF CHLORIDE OF ZINC IN AFFECTIONS OF THE PHARYNX AND LARYNX.

M. Fauvel states that, for thirty-five years, he has daily employed more or less concentrated solutions of chloride of zinc, as:—

℞ Zinci chlorid., . . . gr. xv.
Glycerin., . . . gr. iv.
Aq. destil., . . . ʒvi¼.
Acid. hydrochloric., . gtt. xxx.—M.

When needed, he adds a few drops of a 1 to 30 solution of cocaine. The solution causes scarcely any pain. There is no reaction, no swelling of the mucous membrane, and no immediate or consecutive accident.—*La Médecine Moderne.*

SENILE HEART.

From a paper read by Dr. Asa F. Pattee, of Boston, before the American Medical Association, and published in the Journal of that Association, we select the following: The earliest indication that the heart is growing old is a feeling of emptiness and uneasiness in the cardiac region of the chest, radiating around the nipple. The heart-beats will be feeble, the pulse compressible. Regulate the diet and habits of the patient; remove constipation and indigestion. Give 30 grains of bicarbonate of soda, one hour before meals, in 4 ounces of water or aromatic tea. This treatment will also be aided by the following:—

℞ Tr. cimicifuga,
Tr. apocyni cannab., ... 3ss.
Tr. hydrastis, ... 3j.
Tr. zingiberis, ... 3ss.
Aquæ cinnamomi, ... 3x.

M. Sig.: Give 1 to 3 teaspoonfuls after meals.

If this plan is followed out, this first downward step will be turned backward, and the patient be made comfortable, if he will obey orders.

If the patient come to us with swelling of the feet, when exertion, though light, brings on dyspnoea, then we must give the patient rest, which must be absolute, for a few days or even weeks. Carefully regulate his diet and give the following:—

℞ Tr. digitalis, ... 3ij.
Fluid ext. berberis aq., ... 3j.
Tr. cimicifuga, ... 3j.
Tr. rhamni pursh., ... 3ss.
Tr. apocyni cannab., ... 3j.
Aquæ gaultheriæ,
Glycerinæ, ... 3v.

M. Sig.: Give 1 to 2 teaspoonfuls after meals, in wineglassful of aromatic tea. Three grains of the iodide of strontium may be given in connection with the above.

Continue this for one week or ten days, and then give the following:—

℞ Strychnin. nitras, ... gr. j.
Acidi nitrici, ... gtt. ij.
Tr. ferri chloridi, ... gtt. v.
Aquæ, ... 3iv.

M. Sig.: Take 1 teaspoonful before meals, in a wineglassful of water.

℞ Fluid ext. pruni Virg., ... 3ss.

Sig.: Take from 10 to 15 drops after meals, in tablespoonful of water, and, at the same time, 5 drops of liq. sodii arsenitis.

In attacks of angina nitroglycerin is of great benefit; $\frac{1}{100}$ -grain tablet, three or four times a day, will quickly relieve the pain. In some cases the patient will require an active cholagogue purge. The following is an ideal one:—

℞ Podophyllin. res., ... gr. iv.
Ext. rhamni pursh., ... gr. x.
Euonymi res., ... gr. xx.
Irisin res., ... gr. v.
Ext. colocynth. co., ... gr. x.

M. Sig.: Make 20 pills; take from 1 to 3 pills after supper, and repeat as required.

We often have to use narcotics, and the following is a good model:—

℞ Morphin. sulph., ... gr. xx.
Atropin. sulph., ... gr. j.
Caffein., ... 3j.
Sodii benzoat., ... 3ij.

M. Divide into 120 powders.

Sig.: Give 1 powder once or twice during the twenty-four hours, either per mouth, rectum, or hypodermatically.

If at any time the patient should have severe dyspnoea, give the fluid extract of quebracho, in doses of 15 to 30 drops, every three or four hours, in water.

In cases of subacute rheumatism the following will give quick relief:—

℞ Fluid ext. cimicifuga,
Fluid ext. pilocarpi,
Fluid ext. manaca,
Fluid ext. piscidia, ... 3v.

M. Sig.: Give 20 drops every three hours, in a tablespoonful of water.

If the parts are painful, the following will give quick relief:—

℞ Ichthyol, ... 3j.
Aquæ, ... 3viii.

Mix and apply to the parts every four hours; cover with cotton.

In cases of senile heart, when we find the patient loaded down with fat, a lax abdomen, and distended intestines, the following will give good results:—

℞ Rubidii iodidi, ... 3ij.
Fld. ext. adonis vernalis, ... 3j.
Fld. ext. rhamni pursh.,
Fld. ext. euonymi atrop.,
Fld. ext. leptandra, ... 3ss.
Elix. simp. glycerini, ... ad 3ij

M. Sig.: Take $\frac{1}{2}$ teaspoonful before meals and one hour after, in a wineglassful of water.

The whole body should be well rubbed with the following ointment: Take of equal parts of beef-marrow and leaf-lard, recently prepared, 8 ounces; ol. cinnamomi, ol. eucalypti, and creasoti, of each 1 drachm. Mix and use once a day, special attention being given to the abdomen for at least fifteen minutes each time.

If pneumonia supervene, the following can be given:—

℞ Calcii chloridi, ... 3iv.
Strychnia nitras, ... gr. ss.
Tr. pulsatilla, ... 3ss.
Infusi serpentaria, ... 3viii.

M. Sig.: Give 1 teaspoonful every two hours, in wineglassful of spearmint-tea.

When we have a gouty condition existing with senile heart, I have given the following, with especial benefit:—

℞ Auri et sodii chlo., . . . gr. xvj.
Sodii arsenias, . . . gr. xv.
Sodii bromid., . . . 3j.
Aquæ, . . . 3viij.
Syr. simp., . . . 3viij.

M. Sig.: Give from 10 to 30 drops after meals, in wineglassful of water. In some cases 1 to 2 drops every two hours will do better.

The following is well adapted for nervous fluttering about the heart in nervous women:—

℞ Fld. ext. pulsatilla,
Fld. ext. caulophylli,
Fld. ext. cactus grand., aa 3j.
Aquæ camphoræ, . . . 3iv.

M. Sig.: Give 1 teaspoonful every three hours.

For the "tobacco-heart," in elderly people, give:—

℞ Strychnin. arsenate, . . . gr. j.
Quinin. arsenate, . . . gr. ij.
Salicin., . . . 3j.

M. Make 60 powders.

Sig.: Give 1 powder after meals or ½ powder every three hours, for six doses, dry on the tongue.

This not only tones up the heart, but destroys the appetite for tobacco.

NOSOPHENE.

Nosophene, or tetraiodophenolphthaleine, is a yellowish, inodorous, and insipid powder, insoluble in water, soluble with difficulty in alcohol, more soluble in ether and chloroform. It contains about 60 per cent. of iodine. Heated with concentrated sulphuric or nitric acid iodine is driven off; weak acids or alkalis are without action upon nosophene. This body behaves as an acid, and combines with sodium, mercury, bismuth, etc., to form salts. Nosophene and the nosophenate of sodium are not toxic, as has been shown by experiments upon animals, and iodine is not found in the urine, whatever the mode of administration of nosophene.

M. Seifert reports the result of experiments which he has made concerning the therapeutic value of this drug. He first sought to discover if nosophene is non-toxic in man by being decomposed within the body and liberating iodine. The results of these researches were entirely negative. From the therapeutic point of view, nosophene was first used in

rhinology. The bactericidal properties of this substance, its insolubility, and its ready pulverization render it particularly serviceable in affections of the nasal fossæ. The insufflation of nosophene, after a cauterization of the nasal mucous membrane with chromic acid, has an excellent influence in promoting cicatrization. The eschar falls five or six days after the daily practice of these insufflations. In dry rhinitis and rhinitis with hypersecretion the same method gives excellent results. The author has also employed nosophene in the treatment of balanitis and balanoposthitis, soft chancre, and intertrigo, and has always observed a very rapidly favorable action.—*La Médecine Moderne.*

MUMPS.

The following ointment may be used locally:—

℞ Glycerole of starch, . . . 3viiss.
Neapolitan ointment, . . . 3ss.
Sulphate of morphine, . . . gr. xv.
Lard, . . . 3viiss.
Extract of belladonna, . . . gr. xv.—M.

—*Le Progrès Médicale.*

[Neapolitan ointment (onguent Napolitain), or pommade mercurielle à parties égales (equal parts mercurial ointment), is made by rubbing together equal parts of mercury and benzoinated lard until the mercury is completely extinguished.—Ed.]

CHRONIC NASO PHARYNGEAL CATARRH.

Dr. E. J. Moure recommends

℞ Cocain. hydrochlorat., . . . gr. iv.
Glycerin. pur., . . . 3i¼.
Zinci chloridi, . . . gr. xv.
Aq. destillat., . . . 3vj.

M. Sig.: A local application.

TAPE-WORM.

℞ Oleores. aspidii (filix mas), ℥viij.
Ol. erigeron, . . . ℥j.
Chloral hydrat., . . . gr. iij.
Ol. ricini, . . . ℥viij.
Ol. tiglii, . . . ℥j.

M. Sig.: Take at one dose. One, two, or three capsules may be required.—*Prescription.*

FRESH FRUIT IN CHRONIC DYSENTERY.

In a short note to the British Medical Journal Arthur de Butts, of Folkestone, says: "From my own personal, as well as professional, experience I have found them of the greatest value. I may specify strawberries, grapes,

figs, and, if they can be so classed, tomatoes, these being all seed-fruits as distinguished from stone-fruits. Of course, they must be in absolutely good condition. For some years past I have made use of them largely in treating chronic dysentery and diarrhoea, with most happy results."

SEXUAL NEURASTHENIA.

Dr. Rockwell states that in renal and bladder complications a valuable formula is

℞ Fld. ext. epegea repens,
Fld. ext. eucalyptus,
Fld. ext. hydrastis,
Fld. ext. jaborandi, . . . 3ij.

M. Teaspoonful two or three times daily.
—*Prescription.*

LIQUID PHOSPHATE OF CALCIUM AND IRON.

M. Laraja recommends the following preparation:—

℞ Phosphate of calcium, . . . 3ij.
Pure lactic acid, . . . 3vj.
Lactate of iron, . . . 3i¼.
Distilled water, . . . 3xxx.—M.

The phosphate of calcium is dissolved in the lactic acid and water added. The lactate of iron is also dissolved in a portion of water. The two solutions are mixed and filtered. The solution is of a light-yellow color, of a pronounced styptic taste, and is slightly acid.—*La Médecine Moderne.*

METRORRHAGIA.

Reinstadler gives the following formula for the treatment of metrorrhagia:—

℞ Ergotin, ... parts x.
Aq. dest., ... parts lxx.
Glycerini, ... parts x.
Acid. salicylic., . . . parts xx.

M. Sig.: A tablespoonful of this solution in 3 tablespoonfuls of water is injected into the rectum, the patient lying upon her stomach.—*Prescription.*

FORMOL IN THE TREATMENT OF PURULENT OPHTHALMIA.

Fromaget, chief of the clinic of the Faculty of Medicine at Bordeaux, writes: "The recent discussion which has taken place at the Society of Ophthalmology of Paris concerning the communication of Dr. Kalt encourages me to publish here the results which I have obtained in treating a number of cases of purulent ophthalmia with formol. The most serious

objection which can be made to Dr. Kalt's work is that none but children with an ophthalmia of several days' duration have come under his care, since, according to his statement, '60 per cent. have not received proper attention until after the eighth day,—that is, at a time when, in a grave ophthalmia, the cornea is often implicated,' and 'especially at a period when the ophthalmia is bound to decrease under any treatment whatever' (Valude). The cases which I report here have been treated by me from the onset by a single method. I publish them such as they are. Formol, the antiseptic qualities of which have been accurately established, and which was first recommended in ophthalmology by Valude, has been employed by me in two ways: as a collyrium in the proportion of 1 to 200, and as a wash, 1 to 2000. After carefully bathing the palpebral and bulbar conjunctiva with a solution of 1 to 2000, I instill several drops of the collyrium. The irrigations and instillations are performed four times a day. I have used no irrigator, and am convinced that every oculist can cleanse the *cul-de-sac* quite as well with his fingers and an ordinary elevator as with any irrigator whatever. I had already used formol successfully in cases of catarrhal conjunctivitis, and have now submitted the newborn children from the obstetrical clinic of the Hôpital Saint-André who have required my attention to this treatment."

Dr. Fromaget appends brief notes of ten cases and adds: "The ten patients whose cases I have summarized were treated with formol from the onset. No accident occurred, and in no case was the cornea attacked. Other cases, in which the treatment with formol was applied at a later stage, also resulted favorably, although nitrate of silver and sublimate irrigations had not retarded the progress of the disease. It was not successful, however, in two cases of blennorrhoeic ophthalmia in adults. These two patients lost their sight from complete ulceration of the cornea with perforations. These are the two failures which I have to record." The author concludes: "Nitrate of silver is the best microbicide; formol, as the work of Valude and Dubief shows (*Annales d'Oculistique*, July, 1893), is a most excellent defertilizer; it is therefore the proper agent to complete the therapeutic work. The combination of these two agents can pro-

duce only the best results."—*Annales d'Oculistique*.

BLENNORRHAGIC VAGINITIS.

℞ Creasoti puri,
Liquor. potass. hydrat., ʒʒ 3 parts.
Aqueæ camphoratæ, . . . 240 parts.

M. Sig.: Two dessertspoonfuls are injected two or three times daily into the vagina.—*College and Clinical Record*.

HICCUGH.

℞ Subnitrate of bismuth, . gr. xlv.
Oxide of zinc,
Valerianate of zinc,
Powdered calumba, . ʒʒ 3j.
Powdered opium, . . gr. iss.
Essence of anise, . . q. s.

Mix thoroughly, and give ½ teaspoonful of this powder in a wineglassful of sweetened water.—*Medical Summary*.

ALUMNOL COLLODION.

The subjoined formulæ may be used in preparing alumnol collodion, which may be used as antiseptic dressings:—

℞ Alumnol, . . . Oxviiij.
Castor-oil, . . . Oxx.
Collodion, . . . Oclx.—M.
℞ Alumnol, . . . Oxviiij.
Canadian balsam, . . Ox.
Collodion, . . . Oclx.—M.

—*Prescription*.

CONSTIPATION.

Dr. H. C. Harris, of Paris, Miss., communicates the following formula to the Louisville Medical Monthly:—

℞ Aloes, socotrine,
Ext. hyoscyam., . ʒʒ gr. xij.
Quin. bisulph., . . gr. vj.
Ferri sulph., . . gr. vj.
M. Fiat mas. in pil. no. xij.

AN EFFICIENT DRESSING POWDER.

Dr. Jacob Geiger and Dr. W. J. Bell, of Saint Joseph, Mo., in a paper in the Medical Herald, highly commend:—

℞ Aristol, . . . ʒiss.
Subgallate of bismuth, . ʒij.
Acetanilid, . . . ʒj.

Make into a fine powder; use in a pepper-box and use freely.

CHRONIC RHEUMATIC ARTHRITIS.

Dr. Hugh Lane recommends that a warm, dry climate is best, and, as to diet, sugar, meat, and alcohol should be avoided as much as possible. He has arrived at a combination of

drugs from which he has obtained the happiest results, viz.:—

℞ Sulphur precip., . . gr. ij.
Quininæ salicylat., . gr. ½.
Lithiæ benzoatis, . . gr. iij.

This combination can be had in tabloid form, and five to seven of these taken ever morning, and persevered in for some length of time, hardly ever fail to produce more or less good results.—*Medical Times and Hospital Gazette*.

FISSURES OF THE HANDS.

℞ Menthol, . . . gr. xij.
Salol, . . . gr. xxiv.
Ol. olivæ, . . . gr. xxiv.
Lanolin., . . . ʒiss.

M. ft. ungt.—*La Médecine Moderne*.

CHOLERA INFANTUM.

In a paper entitled "Rational Therapeutics of Cholera Infantum," contributed to the New York Medical Journal, Dr. Gustavus Blech, of St. Louis, writes: "If we consider the aforesaid we shall, first of all, as regards the treatment of this disease, have to restrict diet. As soon as called to a case of cholera infantum, prohibit, for the first day, any food whatever. Mothers have no right to nurse the little patient either. Strict instructions must be given in that direction, because the timid mothers are often inclined to quiet the crying babies by putting them to the breast. The treatment, as outlined by Dr. Elmer Lee, of Chicago, in his cases of typhoid fever, proved a success in my hands during last summer, and under this treatment I have lost only one patient out of twenty-three. So far as I knew, the best antiseptic (which has also a strong tendency to reduce local inflammation) was peroxide of hydrogen (medicinal) until hydrozone was used by me. Hydrozone being twice as strong as Marchand's peroxide of hydrogen (for economical reasons), the latter drug is preferred by me. This remedy can be administered internally as well as externally. I add a tablespoonful of hydrozone to a pint of water for washing out the stomach. The vomiting ceases after the first washing, as a rule. If necessary, this procedure can be repeated. If the vital power of the little patient is not too low, it can produce no harm. But in every case, no matter how far advanced, I do not omit an irrigation of the bowels, for which purpose I use a soft-rubber catheter attached to a common bulb-syringe. The catheter is introduced as high in the colon as

possible. It is unnecessary to say that the water must first be sterilized. I do not agree with Dr. Lee in using hot soap-water. On the contrary, I use cold water, and add to each quart about 2 ounces of hydrozone. The improvement, after the first or second irrigation, is marked. If necessary, these irrigations can be repeated every two hours. Among other remedies there are only two to be employed,—morphine and strychnine. Both ought to be administered hypodermatically. Their indication is too well known, and they are about all we need. No antipyretics should be given.

WHOOPIING COUGH.

Dr. Charles Mantey, of Minerva, Ohio, writes to the Medical World: "Valerianate of zinc has, in my hands, almost proved itself a specific, subduing the spasmodic element in from three to four days. It is very easily given. The dosage ranges from $\frac{1}{8}$ grain for infants under 2 months to $\frac{1}{4}$ grain at 1 year, $\frac{1}{2}$ grain at 2 years, increasing, at the rate of $\frac{1}{2}$ grain per year, until, at 10 years, the dose is $\frac{1}{2}$ grain. The dose should be given three times a day, two hours after meals. It must be well rubbed up with sugar of milk.

MITRAL STENOSIS.

In order to relieve the circulatory troubles, M. J. Barr prescribes

R Solutions of neutral sulphate
of atropine (80 per cent.),
Alcoholic solutions of trini-
trine (10 per cent.), 55 gtt. v.
Distilled water, . . . 3iij.

M. Sig.: Three teaspoonfuls daily.—*Le Progrès Médical*.

AIROL, AN ANTISEPTIC.

This substance is described by Dr. F. Ludy, of Basel, as bismuth oxyiodogallate—oxyiodide of bismuth subgallate, as it were. It is a grayish-green, voluminous, odorless, tasteless powder, permanent to light. On exposure to damp air it gradually changes to a red powder, consisting of a more basic bismuth oxyiodide containing less iodine than airoil. It slightly reddens moistened litmus-paper. In the ordinary solvents airoil is insoluble, but it dissolves in alkalis and diluted mineral acids. It gradually decomposes in the prolonged presence of much water, and more rapidly on being shaken with hot water. With a little water and glycerin airoil forms an emulsion

which retains its color for a long while. With vaselin and anhydrous lard it is said to yield stable ointment, and when mixed with cacao-butter it retains its original color.

Clinically, airoil was employed first by Drs. R. and W. Howald, who used it with good results as a dusting-powder in surgical wounds and in crural ulcers; and since their reports a number of other physicians have employed it in burns, recent wounds, chancres, etc., with alleged success.—*American Medico Surgical Bulletin*.

TARTARLITHINE IN GOUT, RHEUMATISM, AND CATARRH IN GENERAL. IN HEPATIC AND RENAL DISEASES, ANÆMIA, AND ENURESIS.

This acid salt of lithium increases the normal alkalinity of the blood and eliminates the uric acid with no such after-effects as result from the storing of artificial alkalinity produced by the lithia-waters or the more alkaline salts of lithium or potassium included in the former alkaline treatment. Tablets of tartarlithine effervesce in water and produce a lithium cream of tartar which is grateful, harmless, and effective organic acid treatment for gout and rheumatism.

During a discussion at The Academy of Stomatology, Philadelphia, Dr. Burchard said: "Dental manifestations are present in a series of disorders, most of which are described by Haig, in which an antigout treatment removes the general symptoms and ameliorates those relating to the teeth. The general manifestations are chronic gastric catarrh, hepatic disorders, forms of anæmia, renal diseases and catarrhs in general; in all of which there is undoubtedly a close association with uric acid retention."

Dr. French, of Rochester, N. Y., reports a case of enuresis in a young lady with gouty manifestations, who had not had a satisfactory night's rest for two years, on account of the disturbing symptoms; the 5 grain tablets of tartarlithine were recommended, and, two days after the treatment was commenced, the patient reported that she had slept continually "from the time of going to bed until the time for getting up in the morning,"—attributing this condition entirely to the use of the tartarlithine tablets. Dose: Two tablets in a glass of hot water immediately before going to bed, one tablet in a glass of hot water half an hour before breakfast, and one tablet with water not iced before luncheon and dinner.

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Philadelphia, July, 1893.

PERNICIOUS ANÆMIA.

THE occurrence of a grave and progressive form of anæmia which marches progressively toward a fatal termination has long been recognized. It has ever been of interest to clinicians, almost of despair to therapeutists, and the subject of much research by experimental pathologists. The question has continually obtruded itself upon the mind of the observer: Why is this form of anæmia so peculiarly characterized by inveteracy and hopelessness? Is it because pernicious anæmia is a disease of its own kind, essentially different from the common and curable types of bloodlessness? Divergent opinions have prevailed and still prevail upon these points. The clinical manifestations of pernicious anæmia have been closely studied; the diminution of corpuscles and hæmoglobin have been calculated; the causes, in so far as discoverable, have been noted; but many points as regards the character of the affection still remain in the dark. We have, therefore, welcomed the recent contribution of Dr. Ralph Stockman, of Edinburgh, to the literature of this subject, and have read his papers with much interest.* The scientific work of Dr. Stockman has made his name favorably known upon both sides of the Atlantic, and his publications, by nature of their subjects and the manner in which they are treated, are always read with profit. In the papers to which we here call attention the author deals with a subject which concerns every practitioner of medicine, since, although, happily, pernicious anæmia cannot be called a frequent affection, it is, nevertheless, sufficiently common to come

under the observation of any well established physician.

As a result of his investigations, Dr. Stockman concludes that pernicious anæmia is not a distinct disease in itself, but that it is a high degree of anæmia, produced by the co-operation of numerous remote or predisposing causes. These etiological factors lead to degenerative changes in the blood-vessels, in consequence of which numerous capillary hæmorrhages take place all over the body. The effect of repeated small internal losses of blood, coupled, as they often are, with external bleedings, is that the destruction of corpuscles and hæmoglobin is so great that it cannot be compensated by activity of the blood-making organs. Hence the progressive and fatal character of the malady. The diminution of the oxygen-carrying elements of the blood occasions fatty degeneration of the heart and, in all probability, of the blood-vessels,—a condition which permits the occurrence of frequent hæmorrhages and accounts for the development of the symptoms of the disease.

Since the time of Dr. Addison pernicious anæmia has often been described as of "idiopathic origin." Dr. Stockman aptly points out that no disease can, in an accurate sense, be called idiopathic. A cause or causes must exist, and to say that this or any other malady is of idiopathic origin is simply to confess that we have been unable to discover the factors concerned in its production. In the cases which have been observed and reported by competent authorities a number of different circumstances seemed to stand in relation to the development of the disease, but it is a noteworthy fact that, whatever the origin, the clinical picture is in all cases identical. In brief, it may be regarded that pernicious anæmia develops in direct or indirect consequence of preceding exhausting conditions. It is always insidious in the beginning and there is at first nothing to distinguish it from ordinary simple anæmia. In accordance with this view we find that atrophy of the gastric mucous membrane, prolonged diarrhœa with or without intestinal ulceration, severe or prolonged hæmorrhage, fevers, mental shock, chlorosis, habitual poor feeding, especially if

* "On the Nature and Treatment of Pernicious Anæmia." By Ralph Stockman, M.D., F.R.C.P.E. British Medical Journal, May 4, 11, and 18, 1895.

accompanied by hæmorrhage from any source, and even malignant tumors, are among the causes which have been witnessed. It is of interest to know, also, that in recent years the presence of intestinal worms, especially the *Bothriocephalus latus* and the *Anchylostoma duodenale*, has been recognized as a cause of pernicious anæmia. The mode in which tænia induce anæmia is still under debate, but the direct observation has been made that the anchylostoma suck blood from the vessels of the intestinal mucous membrane and thus produces what is equivalent to an external hæmorrhage. In reference to tape-worm anæmia another point is made by the author, whom we now follow. Only a few years ago these cases would have been classed as idiopathic, and the recognition of their origin should encourage us to believe that we may in the future be able to recognize causes at present unknown.

It is undoubted that structural alterations occur in the capillaries and small vessels; though of the nature of this change different observers have formed different opinions. Some have regarded them as due to fatty degeneration, while others have taught that some peculiar form of change had taken place by which the red corpuscles were permitted to pass through the walls. Dr. Stockman thinks that the important part which small but numerous hæmorrhages play in the production of pernicious anæmia has not been sufficiently appreciated. Continued small losses of blood lead to much more profound anæmia than a single large bleeding. These hæmorrhages have been found in every organ of the body. When they occur in the brain they have been known to cause paralysis or paresis, sensory disturbances, twitchings of groups of muscles, epileptiform attacks, loss of sight, smell, or hearing. Such results, however, are uncommon.

In some cases after death "hundreds of capillary hæmorrhages may be distributed throughout the brain-substance and give to the wax-pale brain a red, punctated appearance; so that one may justifiably use the comparison of Biermer, and speak of purpura hæmorrhagica of the brain." As these hæmorrhages are small in amount and as the extravasated

blood has diminished power of coagulation, they are usually soon removed by absorption. As a rule they create no special or direct symptoms.

Hypertrophy of bone-marrow is usually present in and has been looked upon as distinctive of pernicious anæmia, but it may occur in other conditions. This hypertrophy may with considerable probability be looked upon as resulting from nature's effort to make up by excessive activity for the loss of blood. In some cases this hypertrophy does not occur, perhaps for the reason that before it has time to take place the patient perishes. Dr. Stockman believes that in many cases the red marrow is exhausted from overwork, and as age advances there is no doubt that the blood is regenerated with much more difficulty and slowness, and this fact probably explains why most cases of pernicious anæmia develops in middle or advanced age.

In the latter part of his communication the author endeavors to prove that the capillary hæmorrhages satisfactorily account for the symptoms of the affection. Much more profound anæmia is occasioned by numerous and repeated bleedings than by one or more copious hæmorrhages. The latter may cause speedy death, but in the former case the body accustoms itself to the altered conditions and life is prolonged, though under the disadvantages of diminished oxidation and debility. The yellow discoloration of the skin and fat depends upon alterations of the hæmoglobin dissolved in the blood-serum. The blood is generally more yellow than normal, and in one instance Broadbent observed that the blood-serum communicated to his hands a yellow stain which in intensity and difficulty of removal resembled that of nitric acid.

In consequence of the loss of blood, the destruction of red corpuscles, and hæmoglobin an excess of iron accumulates in the liver. A derivative of hæmoglobin—urobilin, or hydrobilirubin—appears in the urine. It may be thought also that loss of blood is the cause of the febrile attacks of pernicious anæmia, for such exacerbations are observed in chlorosis and in animals rendered anæmic by bleeding.

As regards treatment, Dr. Stockman's lan-

guage is rather more encouraging than that of many writers. As preliminary to any therapeutic course, he lays stress upon the discovery of the exciting cause in each individual case. In those which depend upon the presence of tape-worms brilliant results have been secured by the expulsion of the parasite. Runeberg writes that prior to our knowledge of the relation between the tape-worm and pernicious anæmia all his cases perished, whereas afterward out of nineteen treated with anthelmintics only one proved fatal.

Habershon is authority for the statement that many patients at an early stage recover completely under bracing air, good diet, and iron. A great drawback to success is the fact that patients are often in an advanced stage of anæmia and debility before applying for advice. Stockman believes that it is always advisable to give iron in the form of a non-irritant preparation, and thinks the reason why it so often proves inefficient is that, owing to the frequent hæmorrhages, blood-manufacture does not keep pace with blood-loss. Arsenic and phosphorus, especially the former, are sometimes of service. "The mode of action of both is little understood, but neither of them can replace iron in the blood-corpuscles, and hence, as they both have a powerfully-stimulant and alterative effect on bone, it is probably not far from correct to assume that they may stimulate the bone-marrow and thus increase the number of blood-corpuscles produced by it."

Referring to bone-marrow, introduced by Professor Fraser, and the use of which in his hands and those of Barrs, Danforth, and others produced results which excelled those of any other method of treatment, Stockman saw no advantage from it in one case, and, from the small amount of iron contained even in red marrow, he concludes that any benefit which it may produce cannot be due to that element.

DICKINSON COLLEGE, Carlisle, Pa., at the one hundred and twelfth annual commencement conferred the degree of LL.D. upon Dr. John V. Shoemaker, the editor of this journal and an alumnus of the institution of the class of 1872.

NASO-PHARYNGEAL CATARRH.

CHRONIC naso-pharyngeal catarrh is so common and annoying a complaint that it has been the subject of much special study. In many treatises and many monographs its pathology and therapeutics have been discussed. One of the latest publications upon the subject is from the pen of Dr. Moure, of Bordeaux, whose writings we always read with pleasure and profit.* As an introduction the writer refers to the remark of Troeltsch that if, in the cadaver, the upper part of the pharynx be examined, one must be astonished at the glandular and vascular richness of that region. The mucous membrane is often the seat of ulcerations the presence of which had not been suspected during life. It is a difficult part to explore, indeed, and, even since the introduction of the laryngoscope and rhinoscope, now thirty-five years ago, it is only within the last few years that the pathology of the retronasal cavity has been gradually elucidated. Much has been written concerning the influence of climate and atmospheric conditions in the production of disease of the naso-pharynx. Certain individual conditions, as age and occupation, also favor its development. Moreover, it may arise through propagation and extension from the mucous membrane of the mouth, nasal fossæ, or accessory cavities. In this manner naso-pharyngeal catarrh often accompanies chronic coryza, lateral granular pharyngitis, or simple chronic pharyngitis, and empyema of the various sinuses of the face. The abuse of tobacco, —particularly among cigarette smokers who expel the smoke through the nose,—alcoholism, the immoderate use of spiced condiments, etc., are likewise capable of exciting the malady.

The symptoms vary greatly in intensity. In some cases there are modifications of sensibility. At times there is a feeling of dryness and, again, a sensation as if a mucous discharge dropped from the posterior nares into the throat. The effort to dislodge the mucus gives rise to disagreeable and uncomfortable acts of hawking, especially in the morning.

* "Du Catarrhe Naso-pharyngien." Par Dr. E. J. Moure. Extrait des Archives Cliniques de Bordeaux.

The hawking not infrequently produces vomiting, after which some viscid, grayish, blackish, or blood-streaked mucus may be expectorated. Sometimes the secretion is very liquid and abundant. When the catarrh is very marked a sense of heaviness is often experienced in the head, especially in the occipital region. In other cases neuralgia and veritable migraine may occur. Dyspeptic manifestations may, at the same time, be present; the tongue may be heavily coated, the breath strong, and the appetite feeble.

The lesions upon which naso-pharyngeal catarrh depends are visible only upon direct examination. The walls of the retropharynx are covered with mucus; they may exhibit granulations; sometimes dilated blood-vessels are perceived beneath the mucous membrane, and in other cases small ecchymoses. Superficial erosions may also be present. In old cases the mucosa may be rather atrophied than hypertrophied, and secretion may be diminished.

It is generally easy enough to recognize the existence of naso-pharyngeal catarrh, but it is necessary always to determine whether that constitutes the whole affection or whether it is secondary to disease of the nasal mucous membrane, of the sinuses or tumors of the same region. The same symptoms may be caused by adenoid vegetations, though there are other functional signs which may suggest the presence of such tumors, and direct examination will readily dispel any doubts. In rebellious cases of post-nasal catarrh it is always of importance to examine the nasal fossæ and their accessory cavities. In this manner we may eliminate suspicion as regards inflammation of the sphenoidal sinuses or ethmoidal cells. Auricular troubles are quite often excited by swelling or obstruction of the Eustachian tubes or even inflammation of those conduits. The middle ear may be attacked, and, especially among children, we observe acute otitis, giving rise to more or less severe pain or even the formation of an abscess in the middle ear and, in consequence, perforation of the membrana tympani.

Among rarer complications have been mentioned vocal troubles occurring without alteration of the laryngeal mucous membrane. Cure

of the catarrh restores the voice, and it is **not** necessary to apply any treatment to the **larynx**. Furthermore, a lesion, apparently insignificant, of the nasal mucous membrane is capable of producing reflex disorder of the respiratory passages, in the absence of any inflammation or implication of nerve-fibres in the morbid process. In fact, Hack and Hering have published cases of lateral granular pharyngitis in which the simple contact of a stylet with the wall of the pharynx provoked attacks of spasmodic cough.

Inflammation of the naso-pharyngeal cavity is essentially chronic, for it shows no tendency of its own to recovery. Indeed, even under energetic treatment, it exhibits a pertinacity which is discouraging to both patient and physician. If left to itself it extends to adjacent parts.

General treatment is directed to the cause of the disorder, if it can be discovered. It is upon local applications, however, that we must principally depend. The mucous membrane must first be cleansed, after which it is proper to make use of insufflation of astringent powders or pulverizations of solutions of carbolic acid, borax, etc., made directly from behind the veil of the palate. Another mode in which remedies can be applied directly is touching the affected surface with a pencil or cotton medicated with a preparation of iodine, a properly-graduated solution of nitrate of silver, or chloride of zinc. Vegetations should be removed. If other complications be present they should receive appropriate treatment.

MEDICAL NEWS AND MISCELLANY.

REMOVAL.—Dr. Isaac Barton has removed his offices to 137 North Sixteenth Street, Philadelphia.

DR. J. WOLF has been elected Lecturer on Bacteriology in the University Medical College, Kansas City, Mo.

PROFESSOR ESMARCH, of Kiel, has been elected a correspondent of the Academy of Medicine of Paris.

THE American Neurological Association held its twenty-first annual meeting in Boston on June 5th, 6th, and 7th.

THE Third International Congress of Physiology will be held at Berne on September 9th and four following days.

THE American Pediatric Society held its seventh annual meeting at the Virginia Hot Springs, May 27, 28, and 29, 1895.

APPOINTMENT.—At a recent meeting of the Board of Managers of the Methodist Episcopal Hospital Dr. Edmund W. Holmes was elected visiting surgeon.

DR. PATRIZI, assistant in the physiological laboratory of Turin, has been appointed Professor of Physiology and Materia Medica to the University of Ferrara.

THE Twenty-fifth Anniversary Reunion of the Society of the Alumni of the Medical Department of the University of Pennsylvania was held on Wednesday, June 12th.

THE Congress of Gynecology, Obstetrics, and Pædiatrics, which was to have been held at Bordeaux on August 12th, is to take place four days earlier,—namely, on August 8th. The Society of Obstetrics and Gynecology of Bordeaux, in organizing a Congress on the occasion of the Exposition, has elected Dr. Robert Barnes "President d'Honneur" of the Congress.

THE CONNECTICUT MEDICAL SOCIETY.—The one hundred and third annual meeting was held in Hartford on May 22d and 23d, under the presidency of Dr. Francis N. Braman.

THE Association of American Physicians held its tenth annual meeting in Washington, D. C., on May 30th and 31st, and June 1st, under the presidency of Dr. William Osler, of Baltimore.

THE New Hampshire Medical Society held its one hundred and fourth anniversary meeting in Concord on June 3d and 4th, under the presidency of Dr. David P. Goodhue, of Springfield.

THE RESIGNATION OF DR. HARRISON ALLEN.—At a meeting of the Trustees of the University, the resignation of Dr. Harrison Allen, as Professor of Comparative Anatomy and Zoölogy was accepted.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—The twenty-first annual meeting will be held in Detroit on September 3d, 4th, 5th, and 6th. Dr. William Pepper, of Philadelphia, is to deliver the annual address in medicine.

A PORTRAIT of the late Dr. William Goodell, painted by Vonnoh in oil, was presented to the Medical Department of the University at the commencement held on June 13th. The presentation address in behalf of the donors, Dr. Goodell's family, was made by Dr. John Ashhurst, Jr.

THE International Congress of "Thalassotherapy" (which being interpreted means "treatment at the sea side") will hold its third meeting at Ostend in August (27th to 31st). The questions on the programme are: 1. Pulmonary Phthisis at the Sea-side. 2. Technique of the Sea Cure. An exhibition of hygiene and hydrotherapy will take place in connection with the Congress.

PROPOSED INTERNATIONAL SURGICAL CONGRESS.—At the German Surgical Congress recently held in Berlin, Professor Gussenbauer announced that a proposal had been received from some American surgeons that an international surgical congress should be organized, which should meet every five years at different places. The German Congress appeared to be favorably inclined to the proposal.

OHIO STATE PEDIATRIC SOCIETY.—At the first annual meeting of the Ohio State Pediatric Society the following officers were elected for the ensuing year: President, S. W. Kelley, of Cleveland; Vice President, J. P. West, of Belaire; Secretary and Treasurer, G. M. Clouse, of Columbus; Council, J. M. Dunham, J. E. Beery, G. S. Stein, D. L. Moore, all of Columbus, and H. S. Straight, of Cleveland. Time and place of next meeting is Columbus, May 27, 1896.

A SANATORIUM IN BERLIN FOR CONSUMPTIVES.—Herr von Bleichröder, the wealthy banker who died recently, has bequeathed a million of marks (£50,000) to the city of Berlin for the foundation of a sanatorium for consumptive patients. The authorities have decided that this sanatorium shall be in connection with the new (fourth) Municipal Hospital, which is now in course of erection. The sanatorium will accommodate fifty patients. Cases certified to be incurable will not be admitted.

RENAL COMPLICATIONS OF TYPHOID FEVER.—Roth cites a number of statistics in relation to the frequency of nephritis as a complication of typhoid fever. He mentions the observations of Mygge, who, systematically examining the urine of seventy-two typhoid-fever patients, found albumin present in fifty-two. In half of these cases it was due to nephritis, in the other half to pyelitis or to cystitis. He refers particularly to cases in which the renal symptoms may be much more marked than those referable to the gastro intestinal tract, and cites a case of a boy taken very suddenly ill with headache, thirst, fever, and pain in the right loin. On admission, fourth day of disease, the urine was scanty, dark red, cloudy, contained albumin, epithelial cells, numerous white blood-corpuscles; no casts. On the eighth day roseola was

found; on the ninth day the spleen was palpable; the urine contained albumin and epithelial cells from the pelvis of the kidney; no casts. The disease thus began as a pyelitis, it being on the eighth day that the diagnosis of typhoid fever could be made. The constant absence of casts argued against nephritis. The patient recovered. Careful examinations will prevent the overlooking of pyelitis occurring during the course of typhoid fever, but in cases beginning as pyelitis the diagnosis may be obscured. Unless absolutely necessary in such cases, the cold bath should not be used. During convalescence great care must be exercised regarding the diet, especially in the use of albuminous foods.—*University Medical Magazine*.

TER DIE.—It is not always good to be too curious, especially if you happen to be a hospital patient. One such was greatly concerned about what the physician wrote on the card which hung at the top of his bed. While the nurse was not watching he took down the card, and immediately set up a great hullabaloo, groaning and sobbing in a dreadful manner. The nurse came to him asking what was the matter. "Oh dear, oh dear!" was his response, "I've got to die!" "What is it? Do you feel worse?" asked the nurse, in tender tones. "Not particular, mum, but I've got to die. The doctor has wrote it on my ticket." The poor fellow had so interpreted "ter die," and it was difficult to calm his fears.—*North American Medical Review*.

COLLEGE OF MEDICINE FOR CHINESE.—The Hong Kong correspondent of the British Medical Journal says: "At a meeting of the Court of the College of Medicine for Chinese, four students had the diploma of the college conferred upon them. Of these Wong I. Ek passed with distinction. All the graduates have obtained immediate employment. Wong I. Ek has been appointed Demonstrator of Anatomy; W. I. Kai is employed by the Hong Kong government in the civil hospital; and the other two graduates, Wong Sai Yan and Law Go Fuh, have been appointed to the native hospital in Selanga in the Straits Settlement. Ten students are at present studying in the college, and the number of applications for admission which have come to hand lately seem to indicate that the Chinese are beginning to benefit by the lesson Japan has taught them, and that western methods may now obtain a hearing."

THE FIFTH INTERNATIONAL CONGRESS OF OTOLGY.—The above meeting will be held in Florence, under the presidency of Professor Grazi, from September 23d to 26th next. The following are the subjects selected for discussion: 1. "The Treatment of Intra-cranial Abscesses

Consequent on Purulent Diseases of the Ear," introduced by Dr. Thomas Barr, of Glasgow. 2. "General Treatment in Diseases of the Ear," introduced by Dr. Gellé, of Paris. 3. "General Treatment in Diseases of the Internal Ear," introduced by Professor Gradluigo, of Turin. 4. "The Present State of Our Knowledge of the Pathology of the Labyrinth," introduced by Professor Politzer, of Vienna. 5. "On the Physiology of the Middle Ear," introduced by Dr. Charles Secchi, of Bologna.

OBSTETRICIAN AT THE PHILADELPHIA HOSPITAL.—At the last meeting of the Directors of the Department of Charities and Corrections Dr. W. Frank Haehnlen, Professor of Obstetrics at the Medico-Chirurgical College, was elected Obstetrician to the Philadelphia Hospital, *vice* Dr. W. Easterly Ashton, resigned. Dr. Ashton is Professor of Gynecology in the Medico-Chirurgical College, and Dr. Haehnlen, who succeeds him, will represent the same institution on the obstetrical staff.

THE Association of German Alienists will hold its annual meeting this year in Hamburg, on September 13th and 14th. The following are the principal questions on the programme: "The Diagnostic and Prognostic Significance of the Knee Phenomenon in Mental Diseases," to be introduced by Dr. A. Cramer, of Göttingen. "Action-bringing Insanity in its Nosological and Forensic Relations," to be introduced by Dr. Koppen, of Berlin. "Transitory Mental Disorders of Epileptics in their Medico-Legal Relations," to be introduced by Professor Siemerling, of Tübingen.

THE Medical Society of Virginia will meet in Wytheville, Va., Tuesday night, September 3, 1895.

THE addresses at the Forty-Seventh Annual Meeting of the American Medical Association will be delivered by Nicholas Senn, M.D., Chicago, on Surgery; William Osler, M.D., Baltimore, on Medicine; George H. Rohé, M.D., Baltimore, on State Medicine.

A CONSTANT SIGN OF COMMENCING MENINGITIS.—This consists in the inharmonious movements of the chest and diaphragm. It exists from the beginning and may serve to reveal it even in insidious cases. It requires careful searching. The chest and abdomen must be bared, but not suddenly, or the hyperæsthetic skin will take on accidental movements from the action of the air. In the first period of meningitis we see irregularity of rhythm and then remark the inequality of the amplitude or development of the chest. Another sign is the irregular type of respiration and dissonation of the movements of chest and diaphragm. The respiration is effected by the lower respiratory

muscles of the chest. Looking at the umbilical region, instead of the normal elevation with each inspiration there is either immobility or depression. These movements are not connected with the Cheyne-Stokes type of respiration.—*Times and Register*.

At the annual meeting of the Obstetrical Society of Cincinnati the following officers were elected: President, Dr. A. W. Johnstone; Vice-President, Dr. Sigmar Stark; Secretary, Dr. E. S. McKee; Corresponding Secretary, Dr. W. D. Porter; Treasurer, Dr. George E. Jones.

THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.—A Section on Gynæcology has been organized in the College of Physicians of Philadelphia. Dr. Charles B. Penrose was elected Chairman, and Dr. John B. Shober, Clerk, for the ensuing year.

DEATH OF PROFESSOR NÖGGERATH.—Professor Nöggerath, the well-known gynæcologist, died in Wiesbaden on May 5th. Although a German by birth, he spent the greater part of his life in America. Born in Bonn in 1807, he became assistant at the Hospital for Women in his native town, and in 1856 he was called to New York, where he became Professor of Gynæcology. He made valuable researches on the etiology of endometritis, leucorrhœa, and the inflammatory diseases of the sexual organs. In 1889 he left New York for Wiesbaden, where he resided until his death. His last work, entitled "Contributions to the Structure and Origin of Carcinoma," appeared in 1892.—*Lancet*.

THE PREPARATION OF ASEPTIC CATGUT BY MEANS OF FORMALIN.—Cunningham, in a paper read before the Section in General Surgery of the New York Academy of Medicine, advises the following method of preparing aseptic catgut: The catgut is soaked for two days in a mixture of absolute alcohol and ether. It is then placed for several days in a mixture of equal parts of formalin, alcohol, and distilled water. After this treatment the formalin is removed from the gut by boiling it for a half-hour in a normal saline solution. It is then preserved in alcohol and is ready for use. For this method the author claims the following advantages: The gut is absolutely sterile, as formalin is an active germicide; the sutures are less quickly absorbed, since formalin unites with albumins to form fairly-insoluble compounds; the catgut is not brittle, and may be boiled in normal saline solution without losing its strength.—*University Medical Magazine*.

MEDICAL SOCIETY OF NEW JERSEY.—The One Hundred and Twenty-ninth Annual Meeting of this Society was held at Cape May, June 25 and 26, 1895. The subject of the president's address, by Dr. O. H. Sproul, of Flem-

ington, was "Diseases of Pregnancy and Parturition." A paper was read by Dr. J. W. Stickler on "Some Original Investigations showing the Antagonism between Morphine and Cocaine." A general discussion was held upon the subject presented at the last annual meeting: "Comparative Advantages of Water, Hot or Cold, *versus* Germicidal Solutions, in Modern Surgery." The reading of various other papers and reports of committees fully occupied the remainder of the time.

A NEW special hospital for diseases of women has been opened at Montreal, Can., under the patronage of the Countess of Aberdeen, wife of the Governor-General. The staff includes Sir James Grant, M.D., K.C.M.G., consulting physician; William H. Hingston, M.D., LL.D., consulting surgeon; A. Laphorn Smith, B.A., M.D., M.R.C.S.Eng., surgeon-in-chief; H. Lionel Reddy, C.M., M.D., surgeon; S. F. Wilson, C.M., M.D., assistant surgeon and registrar; Dr. Sylvester, assistant surgeon; and Dr. Letellier de St. Just, assistant surgeon. The hospital is absolutely free to women who are poor and sick and who are residents of the city. Patients from outside the city will be admitted on payment of a nominal charge.—*Journal of the American Medical Association*.

UNIVERSITY OF BUFFALO.—The University has added a new department,—namely, the department of pedagogy. A faculty has already been chosen in part and Mr. B. B. Glennly made a member of the council of the university to represent this department.

ASSOCIATION OF ACTING ASSISTANT SURGEONS.—The recently-elected officers of the association are: Dr. D. S. Lamb, of Washington, president. Dr. J. L. Ord, of California; Dr. A. L. Comfort, of Wisconsin; Dr. John P. Pratt, of Massachusetts, vice-presidents. Dr. W. Thornton Parker, of Massachusetts, recorder; Dr. J. S. McLain, of Washington, registrar; Drs. H. M. Deeble, C. W. Gumpers, Samuel C. Benedict, W. C. Dixon, H. R. Porter, G. L. M. Gillicuddy, W. J. Hoffman, and A. F. Pattee, executive council.

MITCHELL DISTRICT MEDICAL SOCIETY.—The forty-seventh semi-annual meeting of the Mitchell District Medical Society was held at West Baden Mineral Springs Hotel, West Baden, Orange County, Indiana, on July 5 and 6, 1895. Papers were presented by Drs. Edmund Andrews, of Chicago; A. C. Bernays, of St. Louis; A. M. Cartledge, of Louisville; N. P. Dandridge, of Cincinnati; Frank C. Ferguson, of Indianapolis; F. Hensotin, of Chicago; J. A. Larrabee, of Louisville; Hanau W. Loeb, of St. Louis; L. S. McMurtry, of Louisville; Joseph Ransohoff, of Cincinnati; William L. Rodman,

of Louisville; Thomas Hunt Stuckey, of Louisville; William H. Wathen, of Louisville; and others.

HOW TO TREAT LOQUACITY.—*Doctor* (to fair patient): "Put out your tongue." (Meanwhile he writes a prescription.) "There, that will do."

Miss Chatterbox: "But, Doctor, you did not even look at my tongue."

Doctor: "No, I only wanted you to keep quiet while I wrote the prescription."—*Geillustreerd Stuwversblatt*.

ACADEMY OF MEDICINE.—The following officers were elected: Dr. Henry M. Hurd, of Baltimore, president; Dr. Woods Hutchinson, of Des Moines, Iowa, first vice-president; Dr. John B. Roberts, of Philadelphia, second vice-president; Dr. Emma B. Culbertson, of Boston, third vice-president; and Dr. W. F. Southard, of San Francisco, fourth vice-president. Dr. Charles McIntire, of Easton, Pa., was re-elected secretary and treasurer, and Dr. Edgar M. Green, of Easton, Pa., assistant secretary. The council will remain as before, with the substitution of Dr. J. McFadden Gaston, the retiring president, in the place of Dr. C. C. Bombaugh.

NATIONAL ASSOCIATION OF MILITARY SURGEONS.—Philadelphia was selected as the next place of meeting and the following were elected as officers for the ensuing year: President, Louis W. Reed, Colonel and Surgeon-General, N. G. Pennsylvania; First Vice-President, Albert L. Gihon, Medical Director U. S. Navy; Second Vice-President, Col. Charles H. Alden, U. S. Army; Secretary, Eustathius Chancellor, Lieutenant-Colonel and Medical Director, N. G. Missouri; Treasurer, Lawrence C. Carr, Major and Surgeon, N. G. Ohio.

THE CALIFORNIA FIG SYRUP DECISION.—The California Fig Syrup Co. many years ago put upon the market a liquid laxative preparation which they called "Syrup of Figs." By furnishing a meritorious preparation and by the expenditure of large sums of money in judicious advertising they created a large demand for their product. So popular was it that imitations have been made and sold all over the United States.

The suit in question was to restrain a certain manufacturer from the use of the words "Syrup of Figs," or "Fig Syrup," as applied to a liquid laxative of his manufacture. The judge denied the prayer of the California Fig Syrup Co., on the ground that the name "Syrup of Figs" was both descriptive and deceptive. This seems to us a paradox. We do not understand how the name can be descriptive and deceptive at the same time.

The truth of the whole matter is that the name "Syrup of Figs" was a new collocation of words, first applied by the California Fig

Syrup Co. to a liquid laxative preparation, and the title is as truly fanciful (since it is not a syrup made of figs) as if they had coined some jaw-breaking word to designate it. They have, therefore, a proprietorship therein, and no man has a moral or legal right to use these words to describe a laxative preparation of his own manufacture.—*National Druggist*, May, 1895.

SERUM THERAPY IN DIPHTHERIA.—At the Thirteenth Congress of Internal Medicine, held at Munich, Prof. O. Heubner, of Leipzig, said: "Comparing the statistics of the Berlin hospitals during 1894, the mortality since the introduction of the serum therapy had been reduced to one-half to what it was prior to that date, about fifteen hundred cases having been treated during each period." From his personal experience the speaker regarded as the specific results of the serum treatment the improvement in the febrile symptoms and the quickened cleansing of the air-passages; all other exceptionally-favorable appearances, he suggested, might possibly arise from a milder character of the disease. Nevertheless, the fact that these favorable changes in the character of the epidemic should have been first noted since the introduction of the specific therapy, and should have presented themselves in all places where the serum treatment was adopted, was worthy of note.—*The Therapist*.

FORMALIN IN THE DEATH-CHAMBER.—A novel, but most practical, suggestion has been made for the use of formalin in the death-chamber or mortuary. To those who are acquainted with the properties of formic aldehyde, and the experiments made by Schmidt, Hauser, Blum, and others on the preservative as well as the antiseptic properties of the preparation, this application of formalin will at once appeal as a sensible and practical idea.

On the score of sanitation the liberal use of disinfectants in the chamber and house whilst the corpse remains is strongly advisable, yet the imperfect, if not expensive, disinfection carried out by the use of strong-smelling antiseptics like carbolic acid and bleaching powder is one of the additional grievances that tell upon debilitated systems and unstrung nerves during the time of mourning. On this ground alone the use of formalin recommends itself, as the odor of the vapors disseminated in the air is scarcely noticeable, and certainly not disagreeable so, whilst the scientific reports published have shown that formalin vapors are far more active than any other disinfectant, and combine with and destroy any noxious gases.

But the preservative character of formalin, which is so frequently utilized for the preservation of the natural appearance of zoölogical and

botanical specimens, is an added boon. The arrest of any decomposition or alteration of the body and the maintenance of the natural features fresh and unchanged are, under all circumstances, of great if unreasoning comfort and consolation to the relatives of the deceased, who are spared the repulsive and distressing sight of natural decay.

For the application of formalin the use of formalith plates are recommended, about a score of which are distributed over and under all the softer parts of the body and where visible decay is prone to set in. By this means it is asserted that the body is preserved for a week perfectly fresh and free from odor.—*The Therapist*.

DR. THOMAS LINN, of Nice, a native of Philadelphia, but long a resident of France, where he practices in Nice and Paris, lately visited this city. The editor of the MEDICAL BULLETIN regrets that he was absent from home at the time when Dr. Linn called. Dr. Linn has made a special study of water-cures and climatic treatment, more particularly in reference to Nice. He has written several works upon the subject, one of the latest being entitled: "Where to Send Patients for Water-Cures and Climatic Treatment." In this short treatise is contained much information concerning European baths and the diseases in which experience has shown them to be beneficial.

AN IMPORTANT CONTRIBUTION TO DIPHTHERIA-ANTITOXIN LITERATURE.—One of the weightiest pieces of testimony in favor of the antitoxin treatment of diphtheria appeared in the last number of the Archiv für Kinderheilkunde. It is an article by Dr. Adolf Baginsky and Dr. Otto Katz. Dr. Katz gives very full histories of a hundred and sixty-seven cases of diphtheria treated with Aronson's antitoxin. The authors say that at the outset they were very skeptical concerning the antitoxin treatment, but that when they had seen case after case of the gravest kind take a most favorable turn after it had been employed they came to the conclusion that it was time to reconsider. Their present impression is that, while the antitoxin is not a cure-all, it will exert the most favorable influence in the majority of the worst cases of diphtheria. *New York Medical Journal*, May 18, 1895.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.—The American Electro-Therapeutic Association will meet in Toronto on September 3, 1895, and its Standing Committee on Electrodes is endeavoring to secure before that date the universal adoption of uniform connections, a standard gauge of screw throughout construction, and efficient, durable, simple, and interchangeable electrodes.

A copy of the following circular has been sent to every manufacturer of electro-therapeutic apparatus whose address is known:—

The Standing Committee on Electrodes of our Association has been directed to write you, along with the other manufacturers of electrical apparatus, to engage your co-operation in securing the general adoption of:—

I. Uniform connections and interchangeable electrodes: (1) universal rheophore tip; (2) universal aperture for same; (3) universal attachment for electrolysis needles, etc.

II. Standard gauge of screw throughout construction, should screws be required. N. B.: The adoption of a "society screw" for microscopes has been of mutual advantage to the makers of these instruments and their customers. It has led to increased sale, while it has also facilitated repair. The same advantages would follow the adoption of the above recommendation.

The Committee was also instructed to request manufacturers to submit to it the various forms of electrodes now on the market, to test the same, and to report at the meeting of the society to be held in Toronto during September, 1895. Will you also kindly send the usual circulars, describing the special advantages of your instruments, which may be forwarded to the following members of the Committee: Gynecological electrodes, Dr. Lucy Hall Brown, 158 Montague Street, Brooklyn, N. Y.; neurological electrodes, Dr. C. Eugene Riggs, the Endicott Arcade Building, St. Paul, Minn.; surgical electrodes and others not specified, with samples of rheophores, rheophore tips, sockets, and other connections, Dr. Charles R. Dickson, 159 Bloor Street East, Toronto, Canada.

HISTORY OF MEDICINE.—The creation of a Chair of the History and Literature of Medicine in the Barnes Medical College was made too late to appear in the last annual announcement. The first course of lectures on that subject, although involving the consideration of the philosophy of medicine, its abstruse theories, its errors, and its triumphs, seems to have given general satisfaction to the class.

OPERATION IN TUBERCULAR MENINGITIS.—One of the most terrible diseases of childhood is tubercular meningitis, terrible not only in its fatality, but almost equally so in the distressing nature of its symptoms. Quincke it was who recommended the employment of lumbar drainage for hydrocephalus, and lately cases have been reported in which the same method has been applied to meningitis with exudation, based upon the theory that it is the pressure of the exudation on the brain, and not the tubercle alone, which brings about the fatal result. Fuerbinger, in the *Deutsche med. Wochenschrift*, reported

the case of an adult, aged 20, which is particularly valuable, because, in the sixty cubic centimetres of fluid withdrawn by puncture at the level of the second lumbar vertebra, the tubercle bacillus was found and the diagnosis confirmed. In this case the puncture, originally done for exploratory purposes, was unexpectedly followed by reduction of temperature, relief of headache, disappearance of cerebral symptoms, and rigidity, and subsequent recovery. Cases somewhat similar have been reported by Wallis Ord and Herbert Waterhouse in the *Lancet*, and by Merrill Ricketts. The former case was one of tubercular meningitis in a child aged 5, in which success resulted from trephining and drainage of the subarachnoid space. The possibilities of this drainage treatment for tubercular meningitis follow naturally on the success of laparotomy for tubercular peritonitis,—success hitherto unexplained. Possibly improved technique in the operative treatment of the cerebral disease will increase its success, and it may be that in another generation we may be able to hold out some hope of relief to the distressed parents of children suffering from a disease now so fatal.—*Lancet*.

ZINC SUBGALLATE, AN ANTISEPTIC ASTRINGENT.—Zinc subgallate is described as an odorless, non-hygroscopic, non-toxic, non-irritant, greenish-gray, neutral powder, insoluble in all ordinary solvents, unaffected by light, and containing 44 per cent. of zinc oxide and 56 per cent. of gallic acid. This new remedy is used both internally and externally. Internally it has been recommended in doses of $\frac{1}{2}$ to 4 grains (3 to 25 centigrammes) in fermentative disorders of the intestines and in night-sweats. Externally it has been used in eczema, fresh and septic wounds, otorrhœa, gonorrhœa, and hæmorrhoids. It is applied pure or diluted with indifferent powders or ointments. As an injection in gonorrhœa it is suspended in water and mucilage, in the proportion of 1 in 16.

FOREIGN UNIVERSITY INTELLIGENCE.—*Erlangen*: Dr. G. Hauser has been promoted to the chair of General and Anatomical Pathology, vacant by the retirement of Dr. von Zenker. *Gratz*: Drs. Drasch and Jarisch have been promoted to professorships of Histology and Dermatology, respectively; Dr. Adolf Tarisch has been promoted to an Ordinary Professorship of Dermatology. *Oporto*: Dr. I. do Valle, Professor of General Pathology, has been appointed to succeed Dr. Carlos Lopez in the chair of *Materia Medica*, Dr. Maximiano de Lemos taking the chair of General Pathology. *Berlin*: Dr. Kayserling has been appointed Assistant in the Pathological Institute, and Dr. René du Bois-Reymond, a son of the eminent physiologist, Assistant in the Experimental Department

of the Physiological Institute; Dr. Günther has been appointed to succeed Dr. Thierfelder as Custos of the Museum of Hygiene. *Bordeaux*: Dr. Boursier has been appointed to the Professorship of Clinical Gynæcology. *Cracow*: Dr. Alexander Rosner has been recognized as *privat-docent* in Midwifery and Gynæcology. *Prague* (German University): Dr. Wunschheim has been recognized as *privat-docent* in Pathological Anatomy; (Bohemian University): Dr. Karl Chodonusky has been promoted to the Extraordinary Professorship of Pharmacology; Dr. Eduard Nessel, dental surgeon, has been promoted to an Extraordinary Professorship. *Vienna*: The Minister of Education has appointed Dr. Norbert Ortner *privat-docent* in Internal Medicine and Dr. Leopold Réthi as *privat-docent* in Laryngology and Rhinology.—*Lancet*.

In order to reduce his weight
He purchased him a wheel;
Before he'd ridden it a week
He fell off a good deal.

—*Kansas City Journal*.

AMERICAN PUBLIC HEALTH ASSOCIATION.—This organization will hold its annual meeting in Denver next October.

MORPHINE EXCRETION BY THE SALIVARY GLANDS.—Rosenthal, after investigating the manner in which morphine, when administered hypodermatically, leaves the body, reaches the following valuable conclusions: Morphine, even if given in minimal therapeutic doses, is excreted in the saliva in considerable quantities. Its identification is comparatively easy if the administration have continued for several days. The time in which this excretion takes place cannot be determined by the usual methods; in patients who have received therapeutic doses the proportion of that excreted in the saliva to the amount administered can only be estimated. Morphine undoubtedly accumulates in the body and is excreted gradually. The positive result of tests for the presence of morphine and its quantitative estimation in the gastric contents allow no absolute or reliable estimate either of its presence or the quantity present unless the absence of saliva from the stomach can be confirmed. Dr. Rosenthal points out the value of examination of saliva in cases suggesting morphine intoxication.—*Medical Standard*.

DR. W. S. HALL has been appointed Professor of Physiology in Chicago Medical College.

CHARITABLE BEQUESTS FOR NEW YORK INSTITUTIONS.—Mrs. Clarissa L. Crane, of New York City, dying, left an estate of \$400,000, of which about \$60,000 are willed to public institutions or benevolent societies. Of these the following charities, remembered by the late Mrs. Crane to the extent of the sums set down

against them, have a special interest to the medical profession: The Chapin Home for the Aged and Infirm, \$10,000, besides which there are residuary donations possible; New York Society for the Prevention of Cruelty to Children, \$1000; New York Society for the Relief of the Ruptured and Crippled, \$1000; New York Skin and Cancer Hospital, \$1000; Home for Incurables in Fordham, \$1000; New York Institution for the Blind, \$1000; Prison Association of New York, \$1000; Women's Prison Association and Home, \$1000, and Children's Aid Society, \$1000.—*Journal of American Medical Association*.

CERTAIN MUSCULAR RUPTURES OF THE LOWER LIMB.—Berne has formulated the following conclusions about those ruptures in the posterior part of the lower limb in which the patient feels as though he had been suddenly struck: 1. Rupture of the plantaris is the exception, of one of the heads of the gastrocnemius the rule. 2. The swelling produced by the rupture of muscular fibres is due to effusion of blood, probably venous. 3. Varicosity of the veins must be considered a predisposing and almost the commonest cause of the rupture (Verneuil). 4. In subjects apparently with healthy veins an important cause of rupture is a partial or temporary spasm of certain muscular fibres before the effort which excites an extreme tension of the fibres. Without being an essential condition, the existence of deep varices favors the process. 5. The treatment ought to be as follows: (a) Perfect rest of the limb; (b) wrapping it up in cotton-wool; (c) massage to be begun first on the second or third day; (d) a moderate amount of walking as soon as the pain is not too intense.—*British Medical Journal*.

TRANSIENT CLUBBING OF FINGERS DURING EMPYEMA—Schon reports this case: A girl, aged 10, presented symptoms of a localized pneumonia in the upper part of the lower lobe of the left lung, which, later, spread over the whole lung. As the disease did not progress in the orthodox manner and the temperature kept high, an empyema was suspected. On the seventeenth day of illness there were physical signs of fluid, and pus was withdrawn by the aspirator. The following day the usual operation was performed, and the same evening the temperature was normal and remained so throughout the illness. Some time after the operation the deformity of the fingers was noticed. This became very marked; the terminal phalanges were enlarged both from side to side and in the dorso-volar direction; the nails were abnormally convex, but their color natural. The deformity quickly disappeared, and by the time the sinus had closed the patient's fingers were quite normal again. The author regrets his neglect to make

a bacteriological examination of the pus evacuated from the pleura, as he thinks this affection must in some way be connected with pyogenic bacteria or their products. It has been noticed in connection with other suppurating processes, as, for instance, by Marfan in a case of pyelonephritis. The author has found only four similar cases previously published,—two by Moigard—*British Medical Journal*.

VESICULAR HERPES OCCURRING ON THE GLANS PENIS IN TYPHOID FEVER.—Dr. H. W. Webber, of Rickmansworth, communicates the following to the *British Medical Journal*: Herpes occurring in the most common situation—the lips—is rare in typhoid fever; it is certainly very rarely met with in the situation here recorded. The patient, aged 22, on the twelfth day of the disease, informed me that, on the previous day, an eruption had appeared near the end of his penis, and that it came as a crop of six or seven "little blisters," which had since burst or been broken. On examination the remains of the vesicles were seen on the dorsum of the glans, close to the corona, kept moist by secretion under a rather long prepuce. There was no swelling of the inguinal gland and no urethral discharge. There were no vesicles on the inner surface of the prepuce, nor was there any labial herpes. The patient's evening temperature at this time was 102.2° F.; he was passing five loose motions on the average daily, and was slightly delirious. The eruption was dressed with a little boracic ointment, and healed in less than a week, leaving no trace.

A CASE OF HERPES ZOSTER WITH LONG-PERSISTING NEURALGIC PAIN AND BELL'S PARALYSIS.—G. A. Van Someren, M.D. Edin., of Orange, New South Wales, reports the following case in the *Lancet*: "A man, married, with no family, in good circumstances, of good physique, and hitherto in good health, came under my care at the latter end of September, 1894, complaining of an eruption on the right side of the face, which extended from the crown of the head on that side to the right shoulder and clavicle, a few spots also existing over the right first rib and over the deltoid of the right arm. The eruption was fully developed and had existed for three or four days before I saw him. He complained of no pain at the time. Neuralgic pains, however, soon occurred, and then, in a week or ten days from the first appearance of the eruption, he showed a well-marked Bell paralysis of the affected side. The eruption soon healed soundly, leaving very distinct scarring all over the area affected. The neuralgic pains, however, persisted, and also the Bell paralysis, though the latter became somewhat better. Bromides, iron, strychnine, sulphat of bereberine, and chloride of ammonium

were all exhibited, not to mention leeches and liniments. Two and a half months from the date of the primary observation the patient was still liable to recurrent spasmodic attacks of severe and agonizing pain over the mastoid process behind the right ear, these pains interfering with sleep. The appetite was good, although very occasionally he refused a meal. The bowels, at first obstinate, acted regularly. The patient walked about and was fairly cheerful. The right side of the face was smooth relatively to the opposite side, but not absolutely so. He could not close the right eye or whistle or frown on that side. The tongue was protruded straight. The right cheek hung limply, but he had not much difficulty in moving the food about on that side of the mouth. The application of the galvanic current, begun in the early stages and long patiently persisted in, had not resulted in any perceptible improvement. What has led to my seeking to put this case on record has been the occurrence of three notices of herpes zoster in the *Lancet* and reperusal of the cases of Dr. Darabseth and Mr. H. A. Spencer, all of which seem to show an attitude of inquiry which I desire to emphasize by the above record. No doubt, in all these cases there exists an inflammation of the nerves affected; but why should this manifest itself so differently in different cases, and why should recovery occur so soon in some cases, as in that of Dr. Darabseth, and be so intractable in mine, which I judge to be longest in duration of any as regards the persistence of the neuralgic pain? In reference to this point of the severe pain the patient at first located it as over the emergence of the occipital nerve, but later it was fixed at an area exactly represented by that uncovered by hair behind the ear. The pain came and went, but while it lasted it caused him to roll about and grind his teeth with agony. It appeared at no particular period during the twenty-four hours, and analgesics like opium, exalgin, antipyrin, quinine, and the salicylates had no more than a temporary influence. One point more may need mentioning, and that is that the patient seemed to be of a markedly neurotic temperament and had had domestic worry. This seems to have introduced an hysterical element into the case, and I have since tried valerian."

THE American Climatological Association met at Hot Springs, Va., June 13 to 15.

PARALYSIS OF THE SIXTH NERVE CAUSED BY PNEUMONIA.—A child was lately brought to Westhoff's clinic with paralysis of the abducens of the right eye during an attack of pneumonia. The upper tip of the left lung had lately been inflamed and was so at the time of the child's presentation. The paralysis came on the fourth

day of the pneumonia and made itself apparent in the child holding its head to the right to avoid double images.

Such a paralysis after pneumonia is a rarity and no one has ever attempted to explain the possible connection. Westhoff thinks that, as similar paralysis occurs after diphtheria in which toxin is produced in the blood in large amounts, the same condition is to be looked for as being due to pneumonia. As the toxin was produced in the summit of the lung and excited the paralysis, and as it decreased and the paralysis diminished proportionally, so we have the right to assume a visible connection. He urges further investigations to establish substantial proof of the probable connection between the presence of toxin and the paralysis and the diminution of the latter as the toxin recedes from the blood. One might ask the pertinent question: Has any general practitioner ever seen paralysis following pneumonia?—*Journal of Medicine and Science.*

MEDICO-LEGAL SOCIETY OF CHICAGO.—At the annual meeting of the Medico-Legal Society of Chicago the following officers were elected: President, Edmund J. Doering; Vice-Presidents, Cassius D. Wescott and Sanger Brown; Treasurer, Joseph Matteson; Secretary, John Ridlon. Dr. Frank Johnson was elected to active membership.

WASHINGTON STATE BOARD OF MEDICAL EXAMINERS.—The Governor of Washington has appointed the following physicians to fill the vacancies on the State Board of Medical Examiners of that State, viz.: Dr. C. A. Smith, of Seattle; Dr. Henry W. Dewey, of Tacoma; and Dr. E. P. Penfield, of Spokane.

PHYSIOLOGICAL EFFECTS OF SUPRARENAL EXTRACT.—Prof. W. A. Gluzinski, of Cracow, Austrian Poland, has carried out a series of experiments on frogs, guinea-pigs, and rabbits, in order to study the action of extract of the suprarenal bodies on the animal system. The capsules were derived from oxen, calves, pigs, dogs, and rabbits. Immediately after the excision the glands were cut into small pieces and thrown into a vessel containing a 1 to 1 mixture of water with glycerin (four parts of the mixture to one of the material). After standing at some cool place for from eight to twelve hours the extract was filtered through glass-wool and paper, and then injected into a vein or under the skin.

The extract proved to be endowed with highly toxic properties, being, in fact, a good deal more poisonous than similarly-prepared extracts of the spleen, pancreas, or any other organ. Thus, in rabbits, when injected into an aural vein, a dose of from 0.3 to 1 gramme kills an animal weighing 1500 grammes in a few minutes, the

principal symptoms consisting of paralysis of the hind-limbs, convulsions in the anterior ones, opisthotonus, and suffocation. The blood-pressure at first markedly rises, but afterward sinks. Artificial respiration somewhat retards the lethal issue. In such cases where the animals survive ten minutes or longer the necropsy reveals pulmonary oedema, extravasations into the pleural cavity, and diastolic condition of the heart. When introduced hypodermatically the extract's action proves to be much less powerful; some of the animals succumb in several days after the injection, but others ultimately make a complete recovery. In the former case the post-mortem examination shows the presence of acute parenchymatous nephritis. An exposure of the extract to the temperature of 100° C. does not diminish its toxic power.—*Provincial Medical Journal*.

HÆMATURIA OF GOUT.—Mabboux says: "An attack of renal gout consists anatomically in hyperæmia, but there is not of necessity hæmaturia. The appearance of albumin in the urine or its sudden increase, whether or not it is coincident with articular pain, but accompanied with tenderness in the loins, is most frequently due to an attack of renal gout. These attacks are to be distinguished from renal colic due to calculi. Some attacks of hæmaturia occur without pain or pre-existing hæmaturia. Renal gout occurs in females quite as frequently as in males.

"Gouty hæmaturia is practically always renal in origin, as attacks of cystic gout resemble those of an ordinary cystitis, and a urethral gout possibly does not exist. In neither of the last instances are the blood and urine intimately mixed. Gouty renal colic may occur suddenly or after some days of lumbar pain. It often is the first expression of the diathesis in individuals of full habit without any genito-urinary disease; it is frequently accompanied by a chill; it is not influenced by walking or jolting; the pain is always bilateral, and the passage of the bloody urine is not painful. Its duration is variable; it may last from a few hours to several days. Sometimes there are a series of attacks lasting over several days. The urine frequently contains considerable renal epithelium in addition to the blood, and contains albumin in excess of the amount of blood, which continues after the blood has disappeared. The pain is not frequently acute nor sharp, as it is in stone."—*University Medical Magazine*.

TREATMENT OF PROLAPSUS OF THE RECTUM BY GALVANISM.—Dr. R. B. Mitchell reports three cases of this troublesome affection which were relieved by the use of the continuous current. The intestine was first replaced within

the sphincter (in one case this could only be accomplished by putting the patient under the influence of chloroform); one pole (he does not state which) was then introduced within the sphincter and the other over the sacral region and the current passed for five minutes. Maximum strength of the current used is not given. One to two treatments a week were given. The results were very slowly obtained. The first case required four months of treatment before the bowel ceased to prolapse, but has since remained free from the trouble. In the second case—that of a woman with chronic mania, the protrusion being the size of a cricket-ball and intensely congested and bleeding—it required six months to bring about a like result. The third case was that of a man of 36 years, who had general paralysis with loss of strength and of co-ordination in the lower extremities and obstructed constipation. This patient required eight months of treatment. The great objection to the treatment is the length of time required, but it is possible that more frequent treatments would accomplish the result in a shorter time. He considers the treatment most suitable to cases in young children and the insane, in whom it would be difficult to keep the dressing in place after an operation.—*Virginia Medical Monthly*.

A CASE OF FŒTAL ASCITES.—Dr. F. B. Grimsdale writes: "Cases of this character are rare, and they are pathologically obscure. No adequate foetal lesion has been found to account for them. It has been necessary to call in some complicated pathological process, partly due to the mother and partly to the foetus, in order to explain the condition. In the present case the mother had suffered from albuminuria and general anasarca. After the delivery of the head with forceps it was found impossible to deliver the body. Examination showed a greatly-distended abdomen. Delivery was effected after puncture of the abdomen and the liberation of a large amount of fluid. The whole body of the child was oedematous and pitted on pressure. The surface of the trunk and limbs was covered with petechiæ. The abdominal wall was found to be one inch in thickness, due chiefly to watery adipose tissue. The lungs were collapsed, pale, and pink. There was no fluid in the pleura or pericardium. The liver and kidneys were, to the naked eye, normal. The heart and other organs were normal also. A definite lesion of the liver and kidneys was found upon microscopical examination, but its character is not stated. The author believes that various lesions may cause the condition. In this case he believes that the disease was primarily foetal, to which the maternal nephritis was secondary."—*Archives of Pediatrics*.

BOOK REVIEWS.

The Care of the Baby. A Manual for Mothers and Nurses. Containing Practical Directions for the Management of Infancy and Childhood in Health and in Disease. By J. P. CROZER GRIFFITH, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Philadelphia: W. B. Saunders, 1895. Price, \$1.50.

Scarcely any subject is of more importance than proper rearing of infants. Unfortunately many mothers are very ill informed as to the best methods to pursue in order to preserve the baby's health or to minister to its needs when it is ailing. Various accidents, also, are peculiarly liable to happen to very young children. The physician cannot always be at hand to consult in regard to doubtful appearances or conditions, and in cases of accident the mother would like to know what should be done before the arrival of the doctor. To provide instruction based on scientific knowledge, and yet expressed so as to be understood by any intelligent person, is the laudable object of Dr. Griffith's book, and one which he has accomplished in a happy manner. The mother is apprized of the best means of securing baby's health by toilet, clothing, feeding; physical, mental, and moral training; ventilation of the nursery, etc. The chapter on the sick baby gives short accounts of the diseases to which infants are most subject, with directions as to what can be and what should not be done by the mother in the absence of the physician. The book is well adapted to serve a useful purpose. The typography is clear and the illustrations good.

A Guide to the Antiseptic Treatment of Wounds.

By DR. C. SCHIMMELBUSCH, Assistant in the Royal Surgical Clinic of the University of Berlin. Preface by Professor E. VON BERGMANN. Translated from the Second Revised German Edition, with express permission of the author, by FRANK J. THORNBURY, M.D., Lecturer on Bacteriology, University of Buffalo, etc. With forty-three illustrations. G. P. Putnam's Sons, New York, 1895.

There is no doubt that asepsis is superior to antisepsis. When we can exclude disease germs we avoid morbid consequences. Prevention is better than cure. From a long experience in von Bergmann's clinic Dr. Schimmelbusch is thoroughly acquainted with the most approved methods for securing aseptic wounds. Dr. Thornbury has had the opportunity of thoroughly learning the technique of the clinic referred to and has executed an admirable trans-

lation, which should be warmly welcomed in this country. It is of moderate size and is written in a practical style. The chapter upon the germs of wound infection contains a clear résumé of a subject which lies at the foundation of successful surgery, and the principles which it presents as the result of modern scientific research are of universal application. The manner in which the surface of the body is disinfected and instruments, dressings, etc., sterilized is described in successive chapters. A comprehensive bibliography is appended, which will prove valuable to those who desire to extend their studies upon the general subject. The work is issued in excellent style.

The Eye in its Relation to Health. By CHALMER PRENTICE, M.D. Chicago: A. C. McClurg & Company, 1895. Price, \$1.50.

As one of the principal avenues by which we receive impressions of external nature, and by which our minds are provided with subjects for reflection, the eye merits and has received the most attentive study in regard to its own conditions. This statement, however, but partially represents the interest which attaches to the organ of vision. Clear vision depends closely upon the health of the body at large, and faulty conditions of the eye occasion disorders in distant parts of the system. Ophthalmology cannot, therefore, be given up exclusively to a specialist, nor can the oculist permit himself to overlook the relations between the eye and other organs. To the exposition of these topics Dr. C. Prentice has addressed himself in this work. The author is a man of independent views and holds new ideas on many points. He presents his conclusions in a temperate manner, and the book will prove suggestive even to those who are unable to assent to all its theories and opinions.

Proceedings of the Philadelphia County Medical Society. Vol. xv. Session of 1894. LEWIS H. ADLER, M.D., Editor. Philadelphia: Printed for the Society, 1894.

The Philadelphia County Medical Society is an active association, and during the year 1894 many interesting papers and discussions conveyed the convictions and practices of its members. Among the most interesting and important papers of the year were those upon "Vesical Calculus in Canton Province, China," including the report of a personal experience in eight hundred and ninety-four operations by J. G. Kerr, M.D., LL.D.; "Electricity in the Treatment of Chronic Prostatitis and Other Conditions Underlying Impotence in Men," by G. Betton Massey, M.D.; "A New Method of Examining the Kidney, Especially for Stone," by Charles P. Noble, M.D.; "Removal of the Gasserian

Ganglion as the Last of Fourteen Operations in Thirteen Years for Tic Douloureux," by W. W. Keen, M.D., and John K. Mitchell, M.D.; "Report of a Group of Cases Covering Almost the Entire Field of Abdominal Surgery," by M. Price, M.D.; "Acetanilid as an Antiseptic, with Observations upon its Use in One Thousand Surgical Cases," by Thomas S. K. Morton, M.D.; "Demonstration of a Mechanism of Intussusception" and "Exhibition of Specimens Illustrating Each Step in the Progress of Infective Appendicitis," by Robert T. Morris, M.D.; "The Insane Disorders of Childhood," by John Madison Taylor, M.D. A number of papers were read upon "Epidemic Influenza, its Consequences and Complications" by different writers. This volume contains a memorial sketch of the life of Dr. Louis K. Baldwin, long treasurer of the society.

Sixteenth Annual Report of the State Board of Health of the State of Rhode Island, for the Year ending December 31, 1893, and including the Report upon Births, Marriages, and Deaths in 1892. Providence, R. I.: E. L. Freeman & Son, State Printers, 1894.

Rhode Island has an efficient State Board and its annual reports contain much valuable and trustworthy statistical material. The present volume is no exception to the rule.

Bäder-Almanach. Mittheilungen der Bäder, Luftkurorte, und Heilanstalten, in Deutschland, Oesterreich, der Schweiz, und den Angrenzenden Gebieten für Aerzte und Heilbedürftige Sechste Ausgabe. Mit Karte der Bäder, Kurorte, und Heilanstalten. Berlin: Druck und Verlag von Rudolf Mosso.

This is a useful publication to physicians who have patients to send to Europe and to patients who must be sent to Europe. It contains exact information regarding the various health resorts of Germany, Austria, Switzerland, and neighboring countries. The maps with which it is provided increase its usefulness.

Weekly Abstract of Sanitary Reports issued by the Supervising Surgeon-General M. H. S., under the National Quarantine Act of April 29, 1878, and the Act Granting Additional Quarantine Powers and Imposing Additional Duties upon the Marine-Hospital Service, Approved February 15, 1893. Vol. ix., Nos. 1 to 52. Washington: Government Printing Office, 1895.

These weekly reports are well known to sanitarians for their comprehensive scope and the official character of their contents. The reports on epidemic diseases in this country and Europe, in so far as they affect this country, and the various tables are of great value.

CURRENT MEDICAL LITERATURE.

The Diagnosis of Pregnancy During the First Three Months. By Charles P. Noble, M.D., Lecturer on Gynecology, Philadelphia Polyclinic; Surgeon-in-Chief of the Kensington Hospital for Women.

Furunculosis of the External Auditory Canal. By S. MacCuen Smith, M.D., Clinical Professor of Otology in the Jefferson Medical College; Surgeon-in-Charge of the Ear and Throat Department of the Germantown Hospital, Philadelphia.

Remarks on the Treatment of Inevitable Abortion. By Charles P. Noble, M.D., Surgeon-in-Chief of the Kensington Hospital for Women, Philadelphia.

Cœliotomy for Puerperal Septicæmia and Peritonitis. By Charles P. Noble, M.D., Surgeon-in-Chief, Kensington Hospital for Women, Philadelphia.

Early Aëronautic and Meteorological Investigations. By T. S. C. Lowe.

Some Impressions of Gynecology in Europe. By Hunter Robb, M.D., Professor of Gynecology, Western Reserve University.

Annual Report of the Managers of the Sanitarium Association of Philadelphia, 1894.

The Twenty-seventh Annual Report of the Midnight Mission for the Year Ending December 31, 1894.

The Prevention and Treatment of Ophthalmia Neonatorum, and the Necessity for More Efficient Legislation to Prevent Blindness From This Cause. By Charles H. May, M.D., New York, Chief-of-Clinic, Department of Diseases of the Eye, and Instruction in Ophthalmology, College of Physicians and Surgeons, New York, etc.

Ninth Annual Report of the Visiting Nurse Society of Philadelphia, 1340 Lombard Street, March 1, 1895.

A New Method of Examination and Treatment of Diseases of the Rectum and Sigmoid Flexure. By Howard A. Kelly, M.D., of Baltimore, Professor of Gynecology and Obstetrics in the Johns Hopkins University.

Surgical Clinic (Illustrated), Complimentary to the Visiting Members of the Mississippi Valley Medical Association. By Prof. Augustus C. Bernays, A.M., M.D. Heidelberg, M.R.C.S. Eng., 1895.

Vegetable Nucleo-Toxine in the Treatment of Cancer,—a Painless Treatment of Cancer. By J. E. Chambers, M.D., 113 North Eighth Street, St. Louis.

Direct Fixation in Fractures. By B. Merrill Ricketts, M.D., Cincinnati, O.

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4.15 P.M.	6.00 P.M.	8.25 A.M.	10.40 A.M.
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1.00 P.M.	2.45 P.M.	3.45 P.M.	5.55 P.M.
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(Continued on advertising page 18)

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J. W. SNOWDEN, M.D., A.E., San Jose, California, on April 12th, 1895, wrote: "Your Bromidia acts like a charm. I believe it a safe, effectual, and reliable hypnotic."

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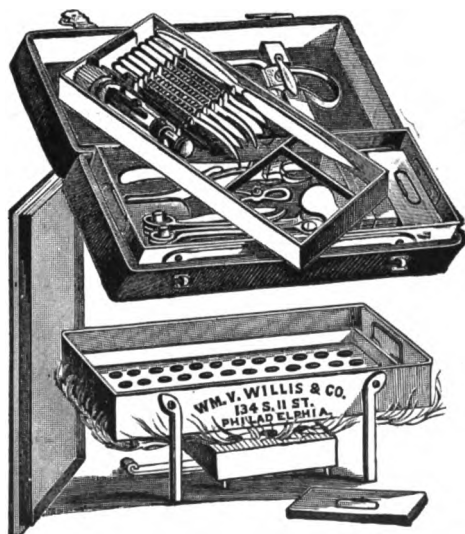
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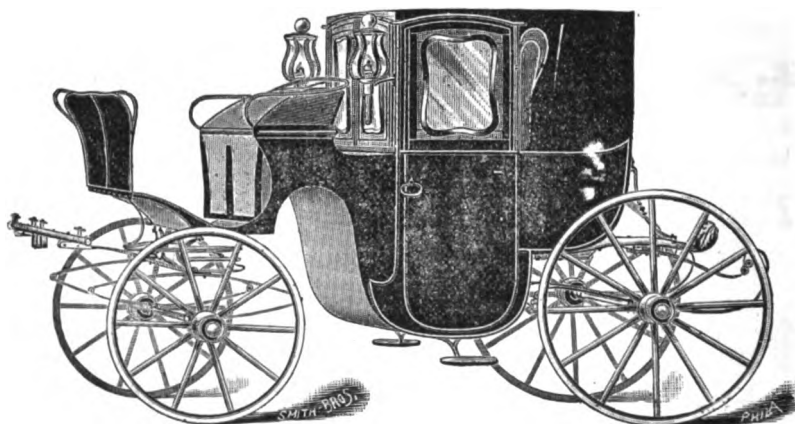
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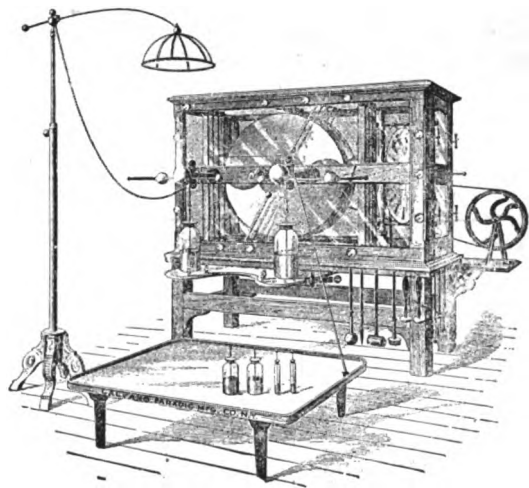
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VOL. XVII.

PHILADELPHIA, AUGUST, 1895.

No. 8

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THE RHYTHMIC ACTION OF THE BLADDER—EFFECT OF CER- TAIN DRUGS UPON IT.

By ISAAC OTT, M.D.,

Professor of Physiology in the Medico-Chirurgical College of
Philadelphia.

THE rhythmic action of the uterus, vagina, ureter, diaphragm, and, under certain conditions, of the sphincters, is well known. With the exception of the sphincters, these movements are chiefly due to an action of the muscular fibre itself and its contained ganglia. Now, when a cat's bladder is distended by a weak saline solution at a temperature above 70° F. there ensues a series of contractions which at least continue several hours. They are increased by heat and diminished by cold. They continue after division and destruction of the spinal cord from the dorsal segment downward by means of a wire repeatedly thrust down it. At times the bladder makes a very great contraction, which is usually made up of a series of contractions, each gradually going higher, but receding a little after each contraction, so that it makes a step-like series of contractions represented in Fig. 1, Exp. 27, which was obtained during faradic irritation of the sciatic nerve, but happens quite as well in normal conditions. Not only is there a step-like ascent, but a descent by steps is also seen. Faradic irritation of the sciatic does not have any inhibitory power over these rhythmic actions. Galvanism, by means of sponge electrodes applied to the bladder, causes a prolonged tonic contraction, as is seen in Fig. 2, Exp. 27. It occurred to me that these rhythmic actions

might be used as a test for the effect of drugs upon the bladder. The animals used were cats, under ether, fastened upon the holder and the jugular prepared for intra-venous injection. Then an abdominal section was made just large enough to allow the bladder to be drawn out. Into the neck of the bladder a cannula was inserted and connected with a burette filled with a warm, weak, saline solution. The top of the burette was connected by rubber tubing to Ellis's piston-recorder, which wrote the contraction upon the smoked drum of Ludwig's kymographion, moved by the hand. In the study of the action of potash and lactic acid they were not injected, but mixed with warm water in the burette and then run into the bladder. A compress of absorbent cotton soaked with the solution was also permitted to lie on the bladder. Some experiments were made to determine the normal rhythm of the bladder, and, whilst there was some irregularity about it, yet the marked results of drugs enabled us to draw definite conclusions as to their effects.

We generally took a five minute group of contractions for several periods and then compared the number and contraction-height with those occasioned by the drug. The well-known effect of ergot on unstriated fibre of the uterus led us to try it upon the bladder. I used both ergotine and ergotole in six-drop doses per jugular. It greatly increased the extent of the contractions even when the spinal cord was destroyed from the dorsal segment downward (experiment 9). Ergotine, curare, and (experiment 17) strychnia, in doses of $\frac{1}{8}$ grain per jugular, also augmented the height of the contractions even when the lumbar cord was destroyed (experiment 19).

Atropine, in quantities of $\frac{1}{8}$ grain, also increased the contractions in height (experiment 20).

Lactic acid and potash also increased the height of the contractions. But, of all these agents, ergotine and potash were the most active in increasing the activity of the rhythmic contraction of the bladder. Now, in cases of prostatic obstruction and normally with a full bladder we have these rhythmic contractions. In the patients with prostatic obstruction they complain of a "heaving up" by the bladder, as they express it. Now, ergot has been empirically given in cases of prostatic obstruction, on the theory that it produces an anæmia of the prostate and contraction of the unstriated fibre of the gland. These experiments show that it has a powerful action on the bladder,—probably on its unstriated muscles, for it is a great stimulant of unstriated muscle elsewhere.

But these experiments reveal the powerful action of potash upon the contractions of the bladder,—an action equal to, if not greater than, that of ergot.

Hence, in commencing hypertrophy of the prostate, a combination of the easily-soluble potash salts with ergot will be a great improvement over the ergot treatment alone. The power of atropine to strengthen the contractile power of the bladder explains in part the action of this drug in the incontinence of children.

The question now arises: Upon what part do these agents act? Frommel,* in his experiments upon the rhythmic contractions of the uterus of the rabbit, found that they continued when it was completely isolated from nerve-centres. Jastreboff,† in a study of the contractions of a rabbit's vagina, arrived at the conclusion that the rhythmic action lay in the nerve-ganglia seated in the muscular structure of the vagina. Langley and Anderson‡ have confirmed Sokownin's discovery that the inferior mesenteric ganglion is the seat of reflexes for the bladder. Now, these experiments lead us to regard the vesical rhythmic movements to be due to extra- or intra-vesical ganglia acting upon the unstriated muscle; and, as in Frommel's and Jastreboff's experiments they were due either to involuntary muscular fibre, or to ganglia seated in them, or to both acting

together, it is highly probable that the rhythmic actions of the bladder are dependent upon its muscular structure and the intra-vesical ganglia. The number of experiments performed was thirty-two.

Appended are some of the experiments upon which the preceding statements are based:—

EXPERIMENT 17. Cat.

Time, in Minutes.	No. of Vesical Contractions.	Sum of Contraction- Heights during Five Minutes, in Millimetres.	Air Temp.
5	1	22	70
10	2	48	
15	2	35	
20	2	26	
25	2	78	
6 gtt. of ergotole per jugular.			
30	3	168	68
35	3	93	
40	4	219	
45	3	186	
50	8	316	
55	8	226	

EXPERIMENT 20. Cat.

Time, in Minutes.	No. of Vesical Contractions.	Sum of Heights of Vesical Contractions for Five Minutes, in Millimetres.	Air Temp.	
5	5	11	69	
10	11	160		
15	10	36		
20	10	179		
25	4	40		
30	12	79	66	
35	7	65		
40	9	69		
$\frac{1}{11}$ grain of atropine per jugular.				
45	8	287		
50	10	438		
55	12	199		
60	9	220		
65	11	431		
70	7	117		
75	9	234		
80	6	200		

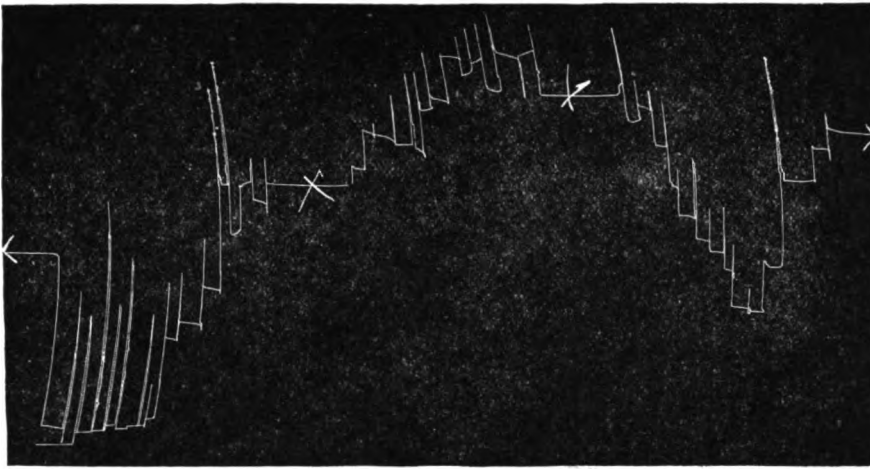
EXPERIMENT 19. Cat

Time, in Minutes.	No. of Contractions.	Sum of Heights of Contractions, in Millimetres.	Air Temp.
5	25	76	70
10	24	84	
15	48	143	
$\frac{1}{48}$ grain of strychnia per jugular.			
20	9	103	68
25	44	204	
30	46	140	
35	15	251	
40	16	205	

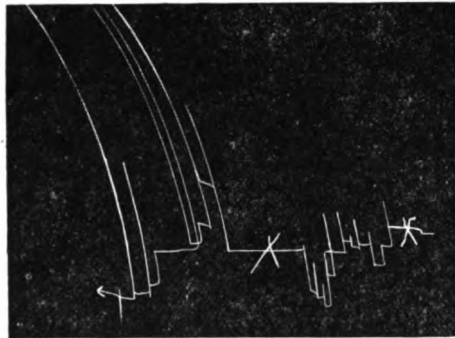
* Du Bois's Archiv, 1883.

† Du Bois's Archiv, 1884.

‡ Journal of Physiology, 1894.



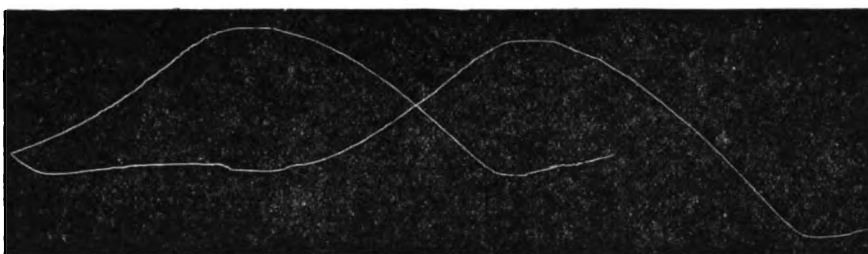
EXPERIMENT 27.—Fig. 1. Faradic irritation of sciatic nerve, showing the step contractions.
(Read from right to left)



EXPERIMENT 27.—Fig. 2. First group of contractions normal. Second due to galvanism from 30 cells. (Read from right to left.)



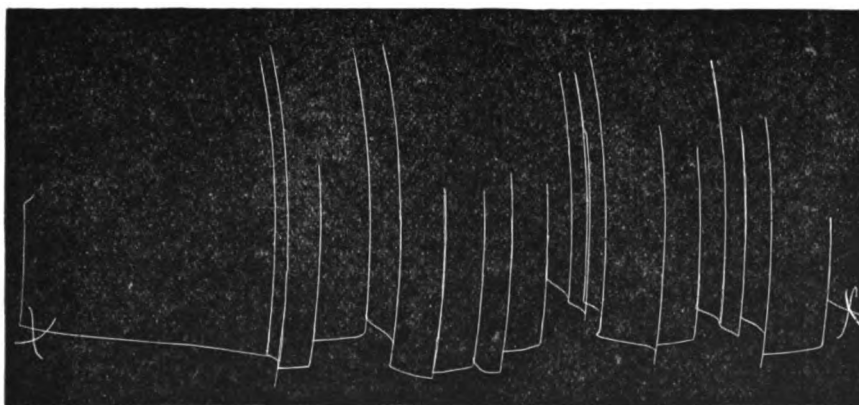
EXPERIMENT 9 —Fig. 1. Normal curve, just before ergotine was administered.



EXPERIMENT 9 —Fig. 2. Ergotine curve.



EXPERIMENT 29.—Fig. 1. Normal.



EXPERIMENT 29.—Fig. 2. Effect of potash.

EXPERIMENT 29. Cat.

Time, in Minutes.	No. of Contractions.	Sum of Contraction-Heights, in Millimetres.	Air Temp.
5	8	202	100
10	12	246	
15	14	428	
20	25	162	
$\frac{1}{2}$ grain of potash in 100 cubic centimetres of water run into the bladder.			
25	30	229	
30	13	264	
35	34	412	
40	45	597	
55	17	721	

EXPERIMENT 30. Cat.

Time, in Minutes.	No. of Contractions.	Sum of Heights of Contraction, in Millimetres.	Air Temp.
5	29	408	95
10	19	260	
15	15	632	
25	27	670	
12 grs. of concentrated lactic acid in 100 cubic centimetres of water run into the bladder.			
30	12	515	
35	25	546	
40	17	538	
50	45	742	
55	34	679	
85	41	609	94

PHYSIOLOGICAL LABORATORY.

REPORT OF TWO CASES OF
SYPHILIS.

By JOHN V. SHOEMAKER, M.D., LL.D.

THE manifestations of syphilis are so varied that a special interest attaches to every case. The usual lesions of the secondary stage are so typical that they are seldom misunderstood by the careful observer. Instances are continually occurring, however, in which an irregular or masked course, together with a total absence of history, obscures the diagnosis. We are then obliged to balance possibilities in our mind, and a conclusion must ultimately depend upon a comparison of the natural history of various affections. Two cases at present under the writer's care are opposite illustrations of obscure and typical syphilis and may well be presented in contrast. In the one no history of infection can be obtained, and an opinion must be founded upon a close examination of the lesions, joined with a process of exclusion. In the other the history is clear and the mode of evolution differs in no important particular from the normal. Bac-

teriology and inoculation, so valuable in relation to some infectious maladies, still fail us here, and we are compelled, as in the past, to rely entirely upon rational modes of investigation.

Case 1. A man 25 years of age, a glass-blower, first noticed, about two years ago, a small papule at the orifice of the left nostril. At nearly the same time a similar manifestation made its appearance over the hypothenar eminence of the right hand. Soon afterward papules developed just above the right collar-bone, on the right arm in front of the shoulder, upon the front of the nose; on the cheek, a little to the outer side of the left ala of the nose; over the left angle of the jaw; at a corresponding point over the right jaw; and over the last joint of the right index finger.

The evolution of all these lesions was similar. First there appeared a small papule, which slowly and gradually enlarged until finally it softened, suppurated, and spontaneously ruptured. Such a course occupied about six months. The lesions were not attended by itching; they caused but little pain, though they were tender upon pressure and gave rise to some burning sensations. The patient thinks that about a year ago the aspect of the eruption was worse than it is at present. He has been under the care of several physicians without decided improvement.

Present Appearance.—On the front of the nose, at a point corresponding to the junction of bone and cartilage, is a little pit, or depression, surrounded by a red border. At the bottom of the pit a drop or two of pus is seen. Occasionally a small scab forms upon this lesion. At the tip of the nose is a dull-red patch and the surface is slightly swollen. The discoloration extends outward to the left ala and then tends upward for about half an inch, terminating in a superficial pustule of the size of a pin's head. Between the pustule and the lesion upon the front of the nose the skin is slightly reddened, but the border toward the ala is well defined. Running down from the tip to the junction of the nose with the lip is a red, tuberculous lesion covered with a dry scab. The margin of the nostril immediately to the left of the tip of the nose exhibits a small notch,—the result of a former ulcer.

Upon the right arm, about an inch below the shoulder-joint, is a dull-red spot surmounted by a thin scab, and stretching off to the left is

a somewhat depressed cicatrix. Over the middle of the right clavicle is a white scar of a triangular shape, parallel in length to the clavicle, its tip pointing outward toward the shoulder.

Over the left angle of the jaw is a superficial ulcer of elliptical form. About half its surface is covered with a scab. Its edges are surrounded by a dull-red border and in some places are undermined. The margins are also moderately swollen. Pressure causes a small quantity of thin pus to escape. Over the right angle of the jaw is a glandular swelling of moderate size. The integument overlying the gland is ulcerated, the margins are undermined, and a sero-purulent fluid can be expressed. This has been the largest of all the lesions and is said to have attained the size of a walnut before it ruptured. Over the first phalanx of the right index finger is a swelling covered with a scab. The swelling has formerly been as large as a hickory nut. This lesion is free from suppuration.

The man has lost some flesh and weight, but does not appear to have suffered much constitutional disturbance. His appetite is generally good, his bowels are regular, and his sleep sound. During the last few weeks, however, he has had night-sweats and feels weak in the morning. There is some impairment of resonance at the left apex. His parents are living and in good health. His brothers and sisters also seem free from disease. One brother was a cripple from disease of the knee-joint and died young. His mother's grandfather died of consumption, but he is unaware of any other case of that disease in his family. The patient has never had sore throat since the appearance of the cutaneous lesions, but two or three years before that time he experienced a severe attack of what was called diphtheria. He has never been addicted to drink, nor much given to intercourse with women. He declares that he never had a chancre. The lesion upon the arm was, at one period, so sore that he was unable to put on his coat without assistance. After it suppurated and broke there was less tenderness.

As the patient asserts his entire ignorance of the origin of this inveterate and disfiguring eruption a diagnosis must depend upon a close examination of the lesions as regards appearance and evolution, together with a patient consideration of several affections which may

have caused the condition present. From the tardy course of the affection we may eliminate at once all the ordinary acute diseases of the skin. Here there has been no activity of morbid process, not even an alternation of quiescence with exacerbations. There has been, on the contrary, a steady progress, with little or no tendency to repair. The malady, therefore, is essentially of a chronic nature. The characteristic lesion is certainly tubercular, advancing, in the course of time, to degeneration and ulceration. As a consequence of this fact the next step must be to compare those affections which give rise to tubercles. This primary lesion may be due to lupus, lepra, carcinoma, or syphilis. As regards the later development of this case, moreover, the presence of chronic indolent ulcers might suggest scrofula or some of the rarer forms of cutaneous tuberculosis.

The situation of the lesions of the case now studied agrees very well with the supposition of lupus vulgaris. The tubercles, nodules, and ulcers of that disease develop, as a rule, upon the nose, cheeks, and other parts of the face, although they may occur upon other portions of the body. This patient, however, attained the age of 23 years before his skin became affected, whereas the first outbreak of lupus usually occurs before puberty. The lesion of lupus consists of an infiltration into the corium, and in the earliest stage of this process there is a period when the deposit is not sufficient to raise the skin. The appearance at that time is simply that of small spots, which may be reddish, brownish, or yellowish in color. I can obtain no information concerning the existence of such spots, though it is true that they might escape observation in the case of a man inattentive to personal appearance, and the histories given by illiterate persons extending backward for two years are always imperfect. Nevertheless, it is common to find in lupus upon different portions of the surface a co existence of the different phases in the evolution of the lesion. Primary spots, papules, tubercles, and ulcers are often present at the same time. In the case under consideration nothing of the kind is observed. I find scattered lesions which have undergone ulceration, and I am told that, prior to ulceration, there had existed at the same site "pimples,"—a word which denotes, according to size, papules or tubercles. It is evident from inspection that the lesions are ulcerated tubercles.

Not much pain has attended the progress of this case, and in lupus the ulcers do not cause decided suffering. The solutions of continuity in lupus are, however, red at the base and easily bleed, while their margins are soft and well defined. This is not the aspect of the present case. The base of the ulcers is of a dull-grayish hue and the edges are undermined. In lupus, moreover, adjacent spots of ulceration frequently coalesce, but in this case they remain strictly separate. Finally, in old cases of lupus we will often perceive scars, indicative of the existence of former ulcers. In the case of which I write there is, indeed, some evidence of attempted cicatrization here and there, but at no point was the process complete.

On account of the age of the patient and the want of correspondence in development and type I am unable to regard the case as one of lupus. It is not difficult to differentiate the disease from leprosy. It is almost preposterous to mention leprosy in connection with a man who has always lived in a small inland city. Suffice it to say that, although this is a chronic case, the course of lepra is much more slow. In the latter malady we usually find macules as well as tubercles; the tubercles are larger than those of lupus and syphilis and occasion horrible and characteristic deformity. Again, anæsthesia is a symptom associated with most cases of leprosy,—a manifestation which is totally lacking in the case under consideration.

Epithelioma, also, may be mentioned, only to be dismissed. Epithelioma is a disease of aged or, at least, aging people. In the large majority of cases its lesion is solitary. The ulcer is deep, its margin hard and everted, the surface fungoid and the frequent seat of hæmorrhage, adjacent lymphatic glands are involved, and there is not the slightest tendency to repair. The constitution is early contaminated, and, at the end of two years, the patient is not far from his end.

Scrofula is a common cause of chronic ulceration. The evidences of scrofula, however, are usually manifested before the twenty-third year of life. This patient has, indeed, a scrofulous appearance, and the reference to a crippled brother who died young may seem suspicious. Strumous lesions, also, are most frequent, as, in this case, upon the face and neck. Dependent, as they are, however, upon infiltration of lymphatic glands, the tumors are larger and the ulcers are deeper than are

here presented. Another characteristic sign of scrofula which is absent is the violaceous color of the edges of the ulcer or of the overlying skin before ulceration has taken place. There is in scrofula a tendency to cicatrization, and the scars which form are reticulated and purplish at first, ultimately assuming a whitish, glistening aspect. The thought of scrofula must, for these reasons, be dismissed. From the lack of resemblance of the lesions to certain rare forms of tuberculosis of the skin I am justified in reaching the conclusion that the case is one of syphilis. The absence of history deprives us of valuable corroborative evidence; but, either from ignorance or suppression of the truth, we often are unable to obtain a positive admission of primary syphilitic infection. Many men are so incomprehensibly careless and unobservant that the existence of a chancre and bubo may escape their attention. Some of the forms which the initial sore may assume seem insignificant to ignorant people. It is well known that, in some instances, the primary lesion consists merely of a sclerosis beneath the skin, which remains intact. Typical ganglionic enlargements—"pleiades"—are not infrequently of very moderate size, are painless, do not ulcerate, and, therefore, may escape notice. The early syphilides, if confined, as they are, to the body, sparing the face, may be overlooked. The patient being a glass-blower, it is possible that he may have been contaminated through the use of the blowing tube. Cases of chancre contracted in this way are known to have occurred. It is probable that chancres of the lips are sometimes neglected from the idea that they are only obstinate "cankers," or "fever-blisters." This patient alludes to a severe sore throat from which he suffered a few years before the outbreak of the eruption. Whether this attack was of a syphilitic character is problematical, and cannot now be determined with certainty. The course and the gross appearance of the cutaneous lesions and the result of the "diagnosis by exclusion" lead me to regard the disease as syphilitic. If, in such a case, of two years' duration and hitherto unamenable to treatment, the use of antisyphilitic remedies is found to occasion marked improvement, the accuracy of the diagnosis may be looked upon as demonstrated.

The tubercular syphilide is a late manifestation and belongs to the tertiary stage. In

exceptional instances it displays itself within the time which is usually allotted to the secondary period, and in such cases, like secondary eruptions in general, it is apt to be abundant and distributed over the entire body. In the later stages tubercular lesions are comparatively few in number, and attack by predilection the face, neck, and shoulders. They very commonly terminate in ulceration.

Treatment.—The mixed treatment—a mercurial and iodide—was instituted in the belief that improvement will follow. On account of the pallor of the man, it will probably be of assistance to combine, at times, a preparation of iron with the foregoing remedies. It is well to begin with a moderate dose of the iodide and to increase the quantity according to the tolerance of the system. The diet should be plain, but nutritious. Fresh air, sunlight, and every hygienic advantage should be given as far as possible, as these old cases, especially in debilitated subjects, require assistance by every means within our power. Favorable surroundings sensibly increase the activity of the drugs employed. Constitutional is of much more decided efficacy than local treatment. At the same time an ointment containing nitrate of mercury or aristol may be prescribed with a view to facilitating the process of resolution or cicatrization.

Case 2. J. F., male, 34 years of age, a salesman, single. In the early part of August, 1892, about two weeks after exposure, the patient noticed a sore upon the side of the penis near the glans. The ulcer grew larger and about two weeks after he first perceived it he applied for treatment to the Venereal Clinic of the Medico-Chirurgical Hospital. The sore was healed and in due time a macular syphilide broke out upon the face and all over the body. He suffered from bone-pains and headache, which caused sleeplessness. His hair became thin, but there was no iritis. Under appropriate treatment he notably improved. The exanthem disappeared and for a year or more he remained almost free from signs of disease. About the beginning of February, 1894, a rash again came out upon his back, arms, legs, and head. His time had been much occupied in caring for his mother during her last illness and he had neglected to carry out his treatment. Since that date an eruption has been present most of the time, new lesions making their appearance as old ones improved.

He has been a man of drinking habits, but not since the recurrence of the disease. He does not seem to have had much throat trouble, although he makes mention of an ulcer in the mouth occurring about fifteen months ago.

Present Appearance.—Around the right shoulder is a group of lesions, about twenty in number, situated rather closely together; they are of the papulo-squamous variety. In a nearly-corresponding position upon the left shoulder a similar manifestation is observed. Over the right hip is a group consisting of a dozen lesions. A few exist at the upper part of the left buttocks, and scattered over the back are a number of small, scaling papules. Some are found also upon the lower limbs. Over and below the left hip is an eruption in which scaling is more prominent than upon the other lesions.

This is manifestly and undoubtedly a case of syphilis. The history is clear as regards its origin and characteristic in relation to its development. The chief points of interest are the normal periods of incubation, the regularity of the early phenomena, the prompt amelioration with continued latency, the recurrence—under unfavorable circumstances—of an eruption characteristic of a later period, and the persistence of the signs of relapse. In this stubbornness there is, indeed, nothing astonishing, and the fact is often-enough vexatious to the practitioner as well as the patient, but it is a feature of the disease with which we should be thoroughly acquainted. The history shows the deceptive nature of the affection. There was a period of more than a year during which the patient may have thought himself cured. It is very probable that he neglected his treatment for a longer period than he now admits. At any rate, the contrast between the rapidity with which the early symptoms vanished and the persistency of the later manifestations is sufficiently sharp.

In view of what has already been written little need be said of the diagnosis of this case. The history and appearance of the lesions stamp it as one of syphilis. The only point for discrimination is the identification of the particular form of lesion present. This is a point, however, about which there can be no difficulty. The papulation, the crusting, and the absence of moisture are conclusive.

The papulo-squamous syphilide is one of the late eruptions. In this case it made its

appearance about a year and a half after infection. Not infrequently its outbreak is still longer postponed. The coalescence of neighboring papules may sometimes cause the patch to assume considerable dimensions and an irregular form. The scales can easily be removed from the surface, but after they have been detached new ones slowly form. Chronicity is characteristic of this variety of syphiloderm. It may persist for years. Favorite locations are the palms or soles, upon which the patches may become quite large and the surface may crack and become painful. This manifestation is often termed syphilitic psoriasis. The lesion over the left hip most nearly approaches, in this case, a resemblance to psoriasis, on account of the comparative abundance of the scales. There should, however, apart from the history, be no difficulty in separating the two diseases. In psoriasis the scales have an appearance which is often and aptly likened to mother-of-pearl; in syphilis the scales are of a grayish or dirty-white color. In psoriasis there is much shedding of scales; but little in syphilis. When a scale is plucked away we see, in psoriasis, a bright-red surface or a bleeding-point; in syphilis nothing but a dark-red papule is uncovered. Psoriasis itches, but syphilis is unattended by this symptom. Psoriatic patches are more numerous than those of syphilis and exhibit a curious predilection for extensor surfaces. This tendency as regards localization is absent in syphilis.

There is but little likelihood of confounding the papulo-squamous syphiloderm with squamous eczema. The latter malady is marked by itching and burning and the affected surface shades gradually into the healthy skin, whereas in lues it is surrounded by infiltration.

Treatment.—The treatment does not materially differ from that of the first case. This patient also has need of every measure, in addition to specific remedies, by which his system may be strengthened. The abuse of alcoholic liquors, with its attendant exposure, is, in all probability, at the bottom of the recurrence and persistence of the disease. The free use of liquor has a most pernicious effect in syphilis. Drink, neglect, and poverty have a powerful influence in aggravating the severity of syphilis. As medicine, the patient may be given the mixture of corrosive sublimate and iodide of potassium, which is a standard

remedy. Another very effective combination for such cases, which stand on the border-line, as it were, between secondary and tertiary syphilis, is that known as the syrup Gibert. This is a mixture of the red iodide of mercury with potassium iodide, and is the favorite reliance of many practitioners in all varieties of constitutional involvement. Iron, quinine, and arsenic are of value as adjuvants, and the same may be said of the mixture known as the compound syrup of red clover, which contains a number of vegetable alteratives, together with the iodide of potassium. Beyond frequent bathing, no local treatment is required in this case.

EUROPHEN.

By WILLIAM R. D. BLACKWOOD, M.D.,
PHILADELPHIA.

IT is doubtless true that the medical profession is steadily advancing in many ways. We are now better able to aid our patients toward recovery than we were ten years ago or, rather, five years ago, to be more accurate. This advance is due to many items,—as, for instance, a longer curriculum in our schools, a better manner of teaching the young men who are seeking information, better clinics, more skillful lecturers, and a better class of students,—for it has come to pass that it is not so easy now to pay fees and get through with a farcical examination at any respectable college. But, besides this, we have had advantages which our predecessors did not possess, in the way of improved drugs, improved combinations of older remedies, improved methods of manufacture, and the discovery of new agents for combating disease of all kinds. In no department of practice has the advance been more conspicuous than in surgery, and the so-called “Listerism” has shed a boon on suffering mankind which is beyond computation as to its value. It is said that “cleanliness is next to godliness”; but I am inclined to think that it is even more important to us, for, if a man is thoroughly moral, he will be as apt to be as good as the most enthusiastic follower of any of the divers creeds which so confound seekers after light. Some of the dirtiest patients I have ever handled were extremely strict as church-goers, but they were awfully hard to cure because of their lack of antiseptic ideas. Listerism is, of course, simply and solely cleanliness,—the dirt is ostra-

cised and the germs barred out,—that is all. The terrible paraphernalia of a few years ago does not now hamper us, for we are better prepared to shut out the microbes, the bacteria, and the other germs which are the originators of suppuration and necrosis within and without the human system.

For many years past I have had considerable difficulty, at times, when a good cicatrizant was indicated; for I have had such a distaste for iodoform as to prevent its use, for many reasons, the main one being its intolerable odor. In the same way, I have often wished for something which would be advantageous in the troublesome post nasal catarrhs and in actual ozæna, for, to me, the idea of employing iodoform in these cases would be adding insult to injury; the sufferers smell badly enough from their malady without the additional stench of iodoform,—for no other word expresses to me the horrible effluvium of this drug. Of course, we have the carbolates of many kinds and the borates, also; but these will not fill the bill in very many instances; they do restrain excessive secretion, and, in mild cases, they help to heal ulceration, but they do not give that secure covering under which cicatrization goes on to a cure.

It is in just such patients that the drug under consideration is indicated, and it is the ideal one for all nasal and throat troubles which are accessible to the insufflator or the probang. I am in the habit of selecting this agent in the large majority of cases which require topical medication, and have never had cause to be disappointed with the result. Although I have not yet had an opportunity to rely on it alone in diphtheritic exudation as the curative, I find it to be most excellent in healing up the raw surface left after the membrane is cleared off, and I am inclined to believe that it may possibly be equally reliable as an agent for destroying the exudate as it is for cicatrizing the bare spots when the membrane is gone. We are apt to stick closely to favorite remedies in hazardous cases, and, as I have had good success with other drugs for destroying the membrane in this terrible disease, I have as yet been afraid to risk using euophen at first, but, when opportunity presents, I shall do so early in the disease; and, if it does act satisfactorily enough to quiet my anxiety as to the spread of the membrane,

I hope to find it to be a good adjuvant in the management of this fatal scourge.

One reason why I think it is indicated in all membranous exudations is because I have found it so efficacious in chancroid both of mild and destructive types. I rely almost exclusively on the drug in all cases, particularly so when the sore shows signs of phagedæna. In the stubborn venereal warts, which so irritate the patient and the doctor alike with their persistence, euophen is an admirable remedy. I refer more particularly to those which affect the head of the penis; and any one who has had a case which refuses to heal or cease to multiply under numerous applications will appreciate this new agent, for it has never yet failed to do as I wanted it to do. I have sometimes tried it in gonorrhœas, and with satisfactory result. In the instance of large buboes I have employed it both to the external surface after incision and packed the cavity with absorbent cotton well filled with the agent, and its ability to hasten a cure is remarkable. So, in the irritating eczemas of the genitals this powder is both cooling and healing. Where there is much secretion or perspiration in this class of disorders I use equal parts of stearin and euophen, and they act admirably.

In gynecological work euophen is very valuable; I find it to be excellent after the use of strong electric currents in endometritis or after electro-cautery in fibroids. I usually blow in all that the canal will hold through an ordinary bent-glass tube, placing a small wad of absorbent cotton against the cervix, which is removed next day, and a tampon of glycerin is then adjusted. I do not often employ the stem pessary; but, when I have a case in which that instrument is advantageous, I dust it well with euophen prior to fastening it in place; and so, also, with tents in dilatation, where time is not an object. When making the tent I rub the powder well in before rounding it off, and then insert it without any lubricant, if possible; if the canal will not allow its passage, I cover it with a little cosmolin and add more of the euophen to it as an antiseptic. I feel safer in leaving a tent in thus prepared than I do under the older methods, where we now and then got up a little sepsis to complicate matters. In instances of abraded os this agent is both serviceable and pleasant, when applied through a tampon,

two in twenty-four hours being sufficient ; and a cure results in a week unless some cause beyond the ordinary "ulceration," as the women term it, is present. In instances of urethral caruncle, after snipping them off with scissors or galvano-cautery, I dress the wound with europhen, and find it all that one may desire (or two,—the doctor and the patient).

One of the most interesting uses of europhen is in that very troublesome malady, the so-called "ivy poisoning." Some of the people who suffer from this go nearly wild before relief is attained, because of the intense itching which compels them to scratch, and thus spread the eruption beyond where it would have been confined otherwise. Some years ago, after being fire-proof to this nasty complaint, I got a dose which made life a torment for a while, and the remedies used were almost legion, but all to no purpose for a time. As I had quite a number of surgical cases in hand just then I was handicapped, and wished that all such plants as the *Rhus* family were relegated to the centre of Africa or to some place that I would never be called on to visit. With this trouble in memory last year I got hold of a bad case of poisoning through sumach, and, as an experiment, I tried europhen, and with the most satisfactory success. Let me urge my friends to try this while the summer is bringing out the new crop of poisoning of this variety. It will be a blessing to many wretched people. In a very offensive case of mammary cancer I got perfect relief to both the patient (from the pain, principally) and the family from the cessation of the odor. The case was too far gone for operation, the axilla and throat being too much involved, but for a long time she was rendered quite comfortable, till the extension of the ulcerative process grew too deep to be reached and death supervened.

In many skin diseases I rely on this drug as a remedy at once efficacious and cheap, for it must be remembered that, as europhen goes farther, because of its lightness, than most powders used in skin therapy, it covers more surface at a time, and it also sticks tightly even under free discharge in the moist varieties. An excellent example of its value was shown in a stubborn case of psoriasis, which apparently defied any and all applications for a year before I got hold of it. Aristol did well for a time, but, either through carelessness on

the part of the mother or from some other cause unknown to me, it failed to hold the lesion in check ; here europhen came in and finished the business. For ten months past the child has been entirely free from the disease, which is to me an evidence that it is gone for good, because, even when the rash had been to all purposes obliterated under other treatment previously, in about six weeks or so it would return and spread rapidly. Now, however, time enough has elapsed to cause me to believe the cure as thoroughly complete.

As a dressing in erysipelas this remedy is quite satisfactory. Mixed with a little magnesia it allays the burning felt in so many examples affecting the face ; and, as the origin appears to me to generally start in the fauces, I make it a habit to blow the drug into the throat two or three times daily as an adjunct to the local and constitutional treatment, and I feel that the cure is hastened by this manœuvre.

I have had good results from the use of europhen in various affections of the scalp in children ; it is a good application for tinea capitis ; and it does well with those who need an insecticide where too much scratching indicates undesirable inhabitants. It has the advantage here of not being irritating, and if the child should get a little into the eyes it does no harm, which is more than can be said of most of the applications used for such purposes.

In indolent ulcers of the leg europhen does well. I have succeeded in gaining a solid skin over an ulcer two by ten inches in extent, which before had resisted all that could be done for it either through the canonical strapping or the widest range of antiseptics. A large sequestrum had to be removed prior to my starting in on the europhen, and the underlying tibia looked quite unsatisfactory, but it healed in good time, and remains free from irritability even with a fair share of walking and standing on the limb.

In a severe carbuncle, which was undermining the integument for a distance of four inches across, after free incision the wounds were well filled with europhen, and the supuration was not only perceptibly reduced, but the anæsthetic effect was decided enough to give the patient great relief, as compared with the usual method of management in vogue before the days of antiseptics.

In using europhen for the purposes above

described I have generally taken cosmolin or almond-oil as a base, and the strength has been from 10 to 30 per cent. Frequently when used for insufflation I have applied the powder in strengths varying from 25 to 50 per cent.; sometimes it was applied in its pure state, and without any bad effect whatever. To ulcers of all kinds it was applied without dilution, and I have had no unfavorable results in doing this. It appears to be devoid of toxic results even when absorbed freely, and I have not at any time seen renal difficulty supervene when it was given purposely internally in small doses or evidently absorbed from large wounds or from the endometrium. I believe it to be entirely safe under all circumstances. It rarely irritates even in full strength when placed on large or sensitive surfaces, as, for instance, on the conjunctiva or in the aural canal.

We are told not to make mixtures of euophen with metallic oxides or with starch, because of the decomposition thereby induced, but, whilst I have had no experience with it under most of these conditions, I have employed it frequently in ulcers combined with both starch and arrowroot and it has acted just as well as when used in oily or fatty bases. In fact, in many instances I got better results in indolent ulcerations in this way than with admixtures of euophen and talcum or similar diluents. The extra stimulation appeared to be serviceable at such times.

In a few instances I have used it internally for diarrhoeas of fermentative or septic type and in dysentery, and with success. Were cholera or cholera morbus of a severe nature to prevail with us I would not hesitate to use euophen internally, as I am not at all inclined to indorse the very foolish advocacy of such imitations of infinitesimals as copper arsenite in fractions such as the ten- or fifty- thousandth of a grain in diarrhoea. Such practice is, on the face of it, foolish, for with the increased intestinal flow no such visionary quantity of a drug which can be safely given in grain doses, as I have done repeatedly by way of experiment and taken myself, without injury, can, by any possibility, do any good whatever. Fads are bad in medicine just as they are in anything else, and we might as well use something which has a solid basis, such as euophen, when we require definite and pronounced action as waste time and endanger the patient's

chances of recovery. To close this paper, I hold that where we need a good antiseptic it is proper to select one which is at once safe, efficient, and agreeable, and euophen is a preparation which meets all these requirements,—it is a good thing.

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ADDRESS.

ALOPECIA PREMATURA *

By J. M. BLAINE, M.D.,
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ALOPECIA PREMATURA is that form of baldness which occurs prior to middle life, and may be either idiopathic or symptomatic.

The period in life at which alopecia prematura occurs is usually between the ages of 25 and 35. If an individual can safely pass this critical period and retain his hair intact the chances are very favorable for him to pass on to old age without any appreciable thinning, or until the age of alopecia senilis arrives.

It is not my purpose in this paper to discuss the diagnosis of the various forms of alopecia, neither do I propose to enumerate the different diseases of the scalp and the economy in general which produce alopecia, but rather to give some ideas, old and new, regarding the idiopathic form of alopecia prematura.

In giving a *résumé* on what has been written on this subject it is not necessary that I should quote authorities, for all writers are practically of one opinion regarding what have hitherto been accepted as facts, and it is impossible to say who first promulgated these ideas.

Idiopathic alopecia prematura usually begins on the vertex and extends forward, or it may begin in front and travel backward; less frequently than either of these, it may begin on top of the head, leaving an island or tuft of hair in front.

It is a fact worthy of note that all authorities speak of idiopathic alopecia as occurring on some part of the head, from which it is safe to infer that it never occurs on any other part of the body, or that this occurrence is so rare as not to deserve attention.

The individual hairs, as they fall out, are

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replaced by others of a finer calibre, which survive for a time and then give way to others still finer, until there is nothing left but fine lanugo hairs, and when they disappear in the course of time the scalp is left bare, shining, and atrophied, or tightly bound down.

The causes which lead to idiopathic alopecia prematura are predisposing and exciting.

According to Pincus, there are only two predisposing causes: Heredity and a diseased scalp which may have existed prior to puberty, such as eczema or impetigo.

He says the latter is the more frequent predisposing cause, but my own experience leads me to the opposite conclusion. Certain it is that here in America baldness may easily be traced through succeeding generations.

Among modern authorities there are many things assigned as being exciting factors in the causation of this disease, but I shall only refer to a few of them; the principal ones are: The wearing of stiff and ill-ventilated hats, causing compression of the blood-vessels supplying the scalp; the daily habit of applying water to the scalp, which combines with the sebaceous matter to form an emulsion, and clogs up the hair follicles, causing atrophy of the hair-glands.

I cannot attach the importance that some do to the habit of wearing stiff hats as being a causative factor, but the habit of applying water to the scalp so frequently is certainly one that should not be encouraged.

Some authors lay great stress on the assertion that the aponeurosis of the occipito frontalis muscle becomes stretched and causes atrophy of the hair-glands. Certain it is that this condition exists after the alopecia has taken place; but I regard this as an effect consequent upon the loss of hair, rather than the cause. If this were a cause of alopecia, it might very properly be asked: Why does this stretching take place at this particular period of life more than at any other?

An excuse for baldness is offered by some that there is never much adipose tissue underneath the scalp; but this could not possibly be a cause, so long as the proper amount of nourishment is furnished to the part.

Whether we believe the theory of Darwin as to our anthropoid ancestry or the account given by Moses, the fact remains the same that nature provided the original man with hair on his head, and there can be no reason

for the hair failing sooner than other parts of the body, except as a result of bad and unnatural hygiene.

Heredity, which is the principal predisposing cause, I regard as the result of succeeding generations practicing the same bad hygiene. Some ten or twelve years ago I began a series of investigations as to the chief exciting cause of alopecia prematura, and subsequent observations and researches have only served to confirm my conclusions, made at that time, that the most frequent cause of premature alopecia was the drawing away of nourishment from the scalp by the frequent use of the razor on the face.

It is a fact, so well known as scarcely to need repetition here, that the frequent use of the razor stimulates the growth of the beard to its utmost limit, whereas, if it is allowed to grow unmolested the growth becomes less and less each week, until, at the end of six months or a year, the growth is practically imperceptible.

My conclusion, therefore, is: That the constant drain made on the system to supply this rapid growth of the beard draws on the supply that should go to nourish the hair on the head, and, as a result of a lack of nutrition the hair-glands atrophy and then the scalp becomes bound down. This theory, I think, is reasonable, when we consider the relations existing between the blood- and nerve- supply of the scalp and face.

The blood-supply of the scalp and face is obtained from the external carotid artery. The facial artery branches off near the angle of the jaw, while the vessel finally terminates in the anterior and posterior temporal arteries, which supply the region represented by the aponeurosis of the occipito-frontalis muscle. The nerve-supply of this muscle is obtained from the facial nerve.

If a counter-irritant, applied to one part of the body, will relieve a pain or an inflammation of another part which is in sympathy with it, it is certainly not going too far to believe that a constant counter-irritation kept up on the face will, in time, draw away from the scalp a part of its nourishment, and the hair-glands, being the last to receive their supply, are naturally the first to suffer. Clinically, this theory can, I think, be demonstrated beyond a doubt.

Idiopathic alopecia prematura is almost, if

not altogether, unknown among women. The reason generally assigned is that their head-gear is lighter and better ventilated, and they do not have the hair clipped so often as men, or use so much water on it.

The real reason for this difference, I maintain, is the fact that nature did not provide women with a beard; hence the counter-irritation of shaving is unnecessary and the hair of the head is allowed its normal amount of nourishment.

All savage nations who practice epilation, or plucking the beard, through succeeding generations have come to be practically a beardless race, and among all these idiopathic premature baldness is unknown.

Dr. Holder, formerly physician to the Crow Indians, in Montana, in speaking of the diseases among Indians, says: "Bald heads are unknown, even though syphilis, with its attendant alopecia, prevails. Peculiarities of hair are to be noted,—its absence on the bodies, its scarcity on the genitals, its scant growth on men's faces, its luxuriant growth on their heads." (*Medical Record*, vol. xlii, 1892, p. 358.)

The inhabitants of the islands of the Pacific Ocean are practically a beardless race, and their heads are well covered. The Chinese are almost beardless, but are all provided with a queue,—the necessary passport to a better land. The African is another example of a race with scant beard, and among them premature baldness is unknown.

I might say, in passing, that it has been argued that the African's hair is wool, but investigations with the microscope show that it is of the same texture as the Caucasian's, except the curl.

Any one who will take the trouble to read Prichard's "Natural History of Man" cannot fail to notice this fact: that, among nations where baldness is practically unknown, you will either find the men have scant beards or, on the other hand, luxuriant beards that have been allowed to grow unmolested.

I think it may be stated as a fact, without much fear of contradiction, that the Anglo-Saxon race is pre-eminently the one where baldness is most common. With all our boasted civilization and learning, with all our advances in the arts and sciences, and particularly in our rapid strides in medicine and surgery, we are the laughing stock of the

untutored savage, because we are losing our hair.

There must be a reason for all this, and I believe that it is on account of our devotion to fashion and a desire to make our faces handsome at the expense of our heads.

Any one who may wish to prove this theory for himself can do so by observing all the men who have become bald between the ages of 25 and 35, and you will notice this fact: that at least 75 per cent. of them use the razor or have used it during the hair-falling period.

On the other hand, 75 per cent. of those who have not shaved during this period have a natural amount of hair on their heads.

I do not wish to be understood as saying that shaving will produce baldness in every individual; I am only speaking of those who have a predisposition to baldness. There are many whom nature has so abundantly supplied with hair that no amount of abuse will lessen its growth.

Again, you must not confound symptomatic and idiopathic alopecia, for many men who do not shave lose their hair as a result of disease.

Another important fact that I have noticed in this connection is that persons who suffer from seborrhoea of the scalp are always worse when they shave than when the beard is allowed to grow undisturbed,—another proof of the intimate relation existing between the face and scalp.

The treatment of idiopathic premature alopecia requires the combined, persistent efforts of the physician and patient.

If a patient present himself before much loss of hair has taken place, I always advise him, as a prophylactic measure, to stop shaving. This, in a vast majority of cases, is sufficient to arrest the further progress of the disease.

If the disease is further advanced and atrophy of the hair-glands has commenced, in addition to the above advice I prescribe tonics, both internally and locally, together with the application of massage and electricity.

In the first stages of the disease, mild applications are all that are required, but if the disease is more advanced, active stimulation is necessary.

In all cases of alopecia, whether idiopathic or symptomatic, the use of water should be proscribed, except when it is necessary to shampoo the head for purposes of cleanliness.

This should be done once every week by the free use of equal parts of alcohol and green soap, with enough water added to make a good lather. After thoroughly cleansing the scalp the soap should be washed off with a shower-bath and the water carefully dried from the hair by means of warm towels. If the hair is dry a little oil or vaselin may be applied to overcome the injurious effects of the soap and water.

The prognosis in these cases is favorable. At least 75 per cent. of them may be cured if the intelligent co-operation of the patient can be secured.

ABSTRACTS.

ANTIPYRIN-SALOL IN THE TREATMENT OF UTERINE HÆMORRHAGE.

Professor Labadie-Lagrave has used antipyrin successfully in the treatment of certain uterine hæmorrhages. It is difficult to introduce powdered antipyrin into the uterine cavity, so it occurred to him to use antipyrin liquefied with salol, thus producing a medicament at once hæmostatic and antiseptic. The following is the mode of procedure: Equal parts of antipyrin and salol are placed in a test-tube so as to occupy about one-third the space; they are then heated over an alcohol-lamp, when the mixture is soon transformed into a clear liquid with a slightly-brownish tinge. This is not the time to use the solution, for it will solidify too rapidly. The heating is continued until a well-defined brown color is noticed, when there is no danger of its rapid solidification. The liquid is introduced by means of cotton soaked in it and rolled on a wooden applicator; after seeing that the liquid is not too hot the application is made through the speculum. If the hæmorrhage is excessive two applications are made at the same sitting, after which a tampon soaked in glycerated creasote is placed in the vagina and the patient sent to bed. The applications are free from danger and occasion no pain. Their hæmostatic action is rapid, sure, and complete; the hæmorrhage is quickly stopped, and by the second day there is no trace of hæmorrhage; it is rare that the application needs to be repeated. The method is efficacious against hæmorrhages due to fungous metritis, to misplacements, fibromyomata, and also to malig-

nant tumors in the beginning when the hæmorrhage is due more to congestion than to ulceration.

PIPERAZINE IN RENAL CALCULI.

As in the case of many other drugs the employment of piperazine in the treatment of the uric-acid diathesis and of stone in the kidney is not based upon mere empiricism. Careful chemical researches have demonstrated that this remedy exerts a marked solvent action upon uric acid outside the body, and to a much greater extent than the other so-called "antilithics." A series of painstaking experiments were undertaken by Dr. Gordon some time ago on this subject. Unlike previous observers, he estimated the action of piperazine on uric calculi in the presence of urine instead of the presence of water, thus studying its effect under conditions approximately nearer to those existing within the body. It was found that even 1-per-cent. solutions exerted a solvent influence upon a uric-acid calculus, while the stronger solutions up to 7.5 per cent. acted both promptly and effectively. The nucleus of the calculus, if consisting of albuminous matter, mucus, or blood-clot, is dissolved, and the entire mass, except the dissolved portion, disintegrated and reduced to a pulpy consistence. On comparing the effects of piperazine with those of other uric solvents, such as borax, lithium citrate, sodium carbonate, or potassium citrate, it was shown to be much superior to the latter. Clinical experience is in accord with these investigations in the laboratory, and in cases of renal lithiasis, with passage of gravel, attacks of colic, and hæmaturia, more favorable results have been derived from the use of piperazine than from that of any of the numerous remedies recommended in this affection. The tablets of piperazine Bayer, each of which contains the average daily dose, afford a convenient and agreeable method of administration. It should be remembered that the best effects are obtained by giving the drug in an abundance of plain or mineral waters.

MULTIPLE THROMBOSES AND PURPURA CONSECUTIVE TO INFLUENZA.

Dr. Gruss, of Vienna, exhibited to the Society of Physicians of that city a man who, in November, 1894, was suddenly attacked by epi-

demic influenza. The signs of a left-sided pleural effusion were early manifested. The diagnosis was doubtful, when a tumor was discovered beneath the false ribs of the left side and extending to the median line. Several days later there was developed a thrombosis of the left cephalic vein with considerable oedema of the arm, a thrombosis of the left thyroid vein, and finally an hæmorrhagic purpura. The purpura recurred several times during February. The urine contained 0.5 per cent. of albumin; the red globules were of unequal size; the hæmoglobin was raised to 115, and the eosinophile cells were diminished.—*La Médecine Moderne*.

PAPULAR SYPHILIDE OF THE BULBAR CONJUNCTIVA.

At a meeting of the Society of Internal Medicine of Berlin M. Guttman presented a patient suffering from a papular syphilide of the skin, osteocopic pains, and ulceration of the tonsils, together with a flat, papular syphilide of the bulbar conjunctiva of the right eye the size of a lentil. The case is excessively rare and the reporter was cognizant of but three reported cases.—*La Médecine Moderne*.

NEPHRITIS CAUSED BY DYSENTERY.

M. Troïzwy has reported three cases of dysentery complicated with nephritis. Two of the patients perished and the diagnosis was confirmed by the autopsy. This nephritis may have an evolution so insidious that it is unperceived not only during the dysentery, but even long after the cure of the original disease. On the contrary, in other cases or under less favorable conditions the symptoms of nephritis are very plain.

It has long been known that chronic ulceration of the large intestine may give rise to chronic nephritis and sometimes to amyloid degeneration of the kidneys. Cases are known which demonstrate that the renal disease is cured when the intestinal ulcers cicatrize. In the present state of science we are unable to determine whether the nephritis is due to the micro-organisms themselves or to the products which they elaborate. It is possible that the destruction of intestinal epithelium permits the introduction into the blood of substances which are normally eliminated, destroyed, or rendered inoffensive by that epithelium. If

we admit the theory of the passage into the blood of toxic bacterial products in consequence of the destruction of the epithelium of the large intestine and particularly of the rectum, we must also admit that, under the same circumstances, the medicinal and disinfectant substances employed by enema may travel the same route. Now, certain disinfectants have an influence upon the kidney, and therefore great precaution should be observed in the use of injections in dysentery when concomitant renal lesion is suspected.—*La Médecine Moderne*.

COMPARATIVE VALUE OF HÆMOGALLOL AND FERRATIN.

M. Kroupetzki has published the results of an investigation upon the action produced by these two substances, on the one hand, in patients whose anæmia is due to exhaustion or insufficient nutrition, and, on the other, in those who suffer from chloranæmia. The drugs were given in the dose of 30 centigrammes (about 5 grains), twice daily, for a period of six days. At the end of each period an examination of the blood was made. It was found that, in the first class of patients, hæmogallol was preferable to ferratin. The first acted more slowly, but its results were more durable. The proportion of hæmoglobin was raised, the number of red cells was increased, while that of the white corpuscles was lessened. The body-weight augmented more under the use of hæmogallol than of ferratin.

In chloranæmic patients the reverse obtained. Ferratin produced much more improvement than hæmogallol.—*La Médecine Moderne*.

TROPHIC DISTURBANCES IN GONORRHOEA.

At a meeting of the French Society of Dermatology and Syphilography, M. Jeanselme said: "Among the cutaneous manifestations which may occur in the course of a gonorrhœal infection, certainly none is at once more singular and rare than that which forms the subject of the following remarks: A carter, 24 years of age, previously free from any venereal disease, contracted gonorrhœa. Eight days later the right coxo-femoral region became painful; subsequently the knees and the tibio-tarsal region were involved. Three weeks

afterward a series of horny excrescences appeared upon the feet, and the patient entered the Hospital Beaujon, in the service of M. Fernet. As can still be seen, the great toes bristle with veritable horns. One of them recently fell. It was completely hollowed at its base, like the horn of a ruminant. The plantar surfaces are doubled by a horny sole, nearly a centimetre (about $\frac{1}{2}$ inch) thick at the heel. The free extremity of the toes is sheathed in a horny case, which encroaches upon the matrix of the nails and causes their fall. All these horny masses display a manifest symmetrical arrangement upon the two feet.

"The analogy of this condition with certain obviously-trophic lesions, its symmetrical arrangement, indolence, localization upon the lower limbs (which alone were the seat of arthropathies), the integrity of the surrounding integument and that beneath the lesions, lead me to think that we have not to deal here with a direct manifestation of the gonorrhoea, but that an intermediate factor is interposed between that affection and the cutaneous alteration, viz., the nervous system. The hypothesis of a polyneuritis may not be entertained, on account of the very decided exaggeration of the patellar reflexes. I, therefore, think it logical to admit that the gonorrhoeal virus, gonococcus, or toxin has affected the spinal cord and modified its trophic influence.

"I would remark that this case throws a certain light upon the pathogenesis of gonorrhoeal rheumatism, as it may be brought forward as an argument by those who, like M. Jacquet, conceive that some of the articular lesions which complicate gonorrhoea are due to the nervous system, and not to bacterial action."—*La Médecine Moderne*.

CALCIUM PERMANGANATE AS AN ANTISEPTIC.

At a meeting of the Academy of Medicine M. Bordas stated that calcium permanganate is a deliquescent salt, which has a most energetic action upon micro-organisms. Its effect had been tried upon the coli bacillus, the bacillus of Eberth, of Koch, the septic vibrio, and the bacillus of anthrax. Calcium permanganate is active in the dose of 10 milligrammes to the litre (about $\frac{1}{2}$ grain to $1\frac{3}{4}$ pints),—i.e., in quantities one hundred times less than the bichloride. It has, furthermore, the advantage

of being neither toxic nor corrosive. It is also more efficient than potassium permanganate, and does not leave, in the products of its decomposition, any potassium which is caustic. It may easily be preserved in standard aqueous solutions.—*La Médecine Moderne*.

A CASE OF ACROMEGALY WITH BITEMPORAL HEMIANOPSIA AND DIABETES MELLITUS.

M. G. Marinesco, at a meeting of the Biological Society, presented a patient, female, 30 years of age, who, five years previously, had been attacked by vertigo and fell from the second floor of a house. Six months after the accident she remarked that her feet were increasing in size so that she could scarcely get large-enough shoes. The hands, face, and breast also took on an excessive development. For the last year she had been tortured by an unappeasable thirst and an extraordinary appetite. She passed an abundance of urine, which stained her linen. At present her face is enormous and lengthened from above downward. The hands and feet are enlarged. The mouth is dry and the gums painful. The heart is hypertrophied and there is a pre-systolic murmur. The nervous system is unaffected. Examination of the eyes and vision revealed the presence of a pupillary paresis, more pronounced upon the left side, with divergent amblyopic strabismus of the left eye and transient diplopia. The patient passes 10 to 12 litres of urine daily (17 to 21 pints) containing 18 grammes (277 grains) of sugar and traces of albumin.

The rôle of traumatism in the etiology of the acromegaly and diabetes is difficult to determine.—*La Tribune Médicale*.

ALCOHOLIC CIRRHOSIS.

At a meeting of the Medical Society of the Hospitals M. Hanot described the case of a man, 57 years of age, who died in his service from alcoholic cirrhosis from which he had suffered for four years. The disease had at first progressed slowly and had only necessitated a few tapplings, but terminated very rapidly from hæmorrhages from the stomach. The attacks of hæmatemesis were peculiar in that they consisted sometimes of red and sometimes of black blood. In the first case the vomited matters had a neutral or alkaline reaction and in the second they were alkaline. These dif-

ferences of aspect and reaction were occasioned by the length of time the blood had remained in the stomach. The cause of the hæmatemesis was rupture of an œsophageal varix which co existed with the alcoholic cirrhosis. In addition to these lesions there was found a chronic generalized peritonitis, with thickening of the parietal layer of the peritoneum and milky patches similar to those which occur in pericarditis.—*La Tribune Médicale*.

LARYNGEAL HÆMORRHAGE SIMULATING HÆMOPTYSIS.

At the annual meeting of the French Society of Otology and Laryngology M. Ferras remarked that he had intentionally given the above title to his communication, as he did not think himself authorized to speak of hæmorrhagic laryngitis when decided symptoms of laryngitis had not preceded the hæmorrhage. In his case the hæmorrhage was the conspicuous feature and laryngitis existed neither before nor after the accident.

A. C., a domestic, 20 years of age, of robust constitution, a member of an arthritic family, abandoned, while in perfect health, labor in the fields for work in the city. Gifted with a strong voice she very often submitted her larynx to violent and continued exercise, especially when her duties called her into the gardens and grounds of the mansion in which she was employed.

Soon the changed mode of life, and perhaps excessive work, disordered her health. She became pale and lost flesh. Menstruation became irregular and at length amenorrhœa was established. She grew melancholy and sang less often, but there was neither dysphonia nor aphonia. She was troubled with attacks of coughing, and one day she spit, for the first time, a little red blood, then a larger quantity, and, aided by the cough, she ejected, she said, during the morning the half of a small glassful of blood. Upon absolute repose the hæmorrhage ceased. The patient was alarmed and feared that she was attacked by consumption. Upon the next day the speaker was consulted. Finding no trace of epistaxis or other hæmorrhage in the region of the isthmus or pharynx he examined the lungs, but, finding them free from disease, he next turned his attention to the larynx. Two small anastomosing veins were seen at the postero-superior portion of the inter arytenoid space. At a point where the

vessel was most prominent, near the base of the right arytenoid, there was seen a small rupture, occluded by an intra-venous clot. The laryngeal mucous membrane was generally injected, rather less so in the vicinity of the vocal cords. In no other part than that named was there a trace of hæmorrhage.—*Revue de Laryngologie*, etc.

CONTRIBUTION TO THE STUDY OF LEPROA OF THE LARYNX.

Dr. P. Bergengrun, of Riga, has published a macroscopical, microscopical, and clinical study of nine cases of lepra of the larynx. In all of the cases the epiglottis was affected. Its mucous membrane was thickened and the seat of nodular lesions. It was more or less compressed laterally and prolonged backward. This was caused by the nodular retraction and decided thickening of the mucous membrane of the lingual surface, and principally, to the constant involvement of the ary-epiglottidean ligaments. The latter are always more or less thickened, misshapen or shortened, stiff and retracted, or even completely inclosed in the epiglottic tumor.

The true and false vocal cords are always affected; they generally exhibit distinct nodosities or a more or less considerable swelling, especially marked toward the vocal apophyses. The mucous membrane beneath the cords is thickened and infiltrated with flat nodules. The cartilage is always intact to naked-eye examination without any foci of softening or destruction, but there is regularly an active perichondritic irritation. The thickening of the perichondrium was in some cases considerable.—*Revue de Laryngologie*, etc.

LARYNGEAL PARALYSIS IN TYPHOID FEVER.

In a paper with the above title Drs. Boulay and Mendel assert that the laryngeal complications of typhoid fever, such as ulcerations, œdema, and perichondritis, have absorbed too much the attention of clinicians at the expense of paralytic accidents dependent upon the same cause. Seventeen cases of laryngeal paralysis occurring in the course of typhoid fever have permitted the authors to make a study of the subject.

Supervening ordinarily at the period of convalescence, these paralyzes present themselves under four forms: (1) paralysis of the

dilators; (2) of the constrictors; (3) of one recurrent; (4) of both recurrences.

Paralysis of the dilators (6 cases out of 17) is serious, since 5 of the 6 patients required tracheotomy and 4 were obliged to wear their cannula indefinitely. There was little trouble of the voice, but great inspiratory difficulty.

Paralysis of the constrictors (4 cases) affected only the voice. Two of the 4 were cured.

As to paralysis of one recurrent (5 cases), details are lacking in 3 cases. One patient was rapidly cured.

Paralysis of both recurrences (2 cases) was cured in 1 case by intra-laryngeal faradization.

There is nothing positive from the point of view of pathogenesis. The authors bring forward the following hypothesis: Compression of the recurrent by an adenitis, an inflammation of the nerve when there has been pleuropneumonia, a nervous bulbar or peripheral lesion, an hysterical trouble, a muscular paralysis, and, finally, a crico-arytenoid arthritis with spasmodic muscular contractions.

In rare instances the affection causes death. On the contrary, it is cured but seldom. Laryngoscopic examination alone can establish the diagnosis.

Paralysis of the dilators is the most dangerous; that of the constrictors is most easily cured. Tracheotomy is often indicated in paralysis of the dilators. In other cases, intra- and extra-laryngeal faradic electrization and injections of strychnine may render service.—*Revue de Laryngologie*, etc.

THERAPEUTIC NOTES.

GONORRHEAL OPHTHALMIA.

Dr. Reich-Hollender recommends the following lotion:—

R Quinine, ... 8 parts.
Dilute hydrochloric
acid, ... 3 parts.
Distilled water, . . . 720 parts.—M.

—*La Tribune Médicale*.

MUDAR (CALOTROPIS GIGANTEA) IN A CASE OF LEPROUS ULCER.

Dr. John Morton, of Mussoorie, says, in the Indian Medical Record: "For some time I have had an old lady under my treatment suffering from a leprous ulcer situated on the

inner side of the right ankle-joint and the part of the foot immediately below it. This ulcer broke out about four years ago, and has since resisted all treatment. There is no family history of leprosy, neither has the patient been a fish-eater. It has not been contagious, the husband having slept in the same bed all the time the ulcer has been in progress. A month ago the ulcer was two inches long and an inch broad. The surrounding skin was leucopathic. Tingling has been felt in the fingers recently, and she complains of the ends of her fingers having become bulbous, heavy, and useless.

"Having succeeded to cure a case of inveterate eczema of some years' standing by mudar, as already reported in the Indian Medical Record, I had less hesitancy in giving it a trial in this most loathsome of diseases. I have been both surprised and delighted with the results, for, within a week of the treatment, the discharge diminished, the granulations flattened, and the edges became level with the ulcer. In three weeks the ulcer had quite healed up, leaving only a white, or, I might say, albinic patch on its site. This result is encouraging, and I recommend surgeons and dermatologists to give mudar a fair trial in skin diseases, as I am convinced that in this plant we have an excellent remedy for many cutaneous affections.

"I desire also to place on record its continued success in ten more cases of eczema that have come under my treatment during the last season, since I published my first case in the Record some months ago.

"I now use the juice expressed from the leaves and made into an ointment with lanolin as the base, the latter possessing the power of absorbing a good deal of fluid without losing much in consistency."

ERYSIPELAS.

Locally:—

R Corrosive sublimate, . . . gr. iss.
Menthol, ... gr. iij.
Vaselin, ... ʒiij.—M.

Internally:—

R Bromhydrate of quinine, . . gr. iij.
Extract of opium, . . . gr. ʒ.
Crystallized nitrate of aconitine, . . . gr. ʒtt.

M. Make into 20 pills.

Sig.: One pill every four hours.—*La Tribune Médicale*.

NIGHT-SWEATS OF PHTHISIS.

M. Goldenbach claims remarkable results from the hypodermatic injections, in apportioned doses, of

℞ Extract of ergot, . . . gr. xlv.
Dilute alcohol,
Glycerin,
Distilled water, . . . ʒi ¼.—M.
Le Progrès Médical.

TABLETS OF KOLA AND PEPTONE.

A formula devised by M. L. Bernegau is

℞ Peptone, . . . 15 parts.
Lactose, . . . 40 parts.
Cacao-butter, . . . 30 parts.
Powdered kola, . . . 20 parts.
Pulverized white sugar, 40 parts.
Any aromatic, . . . 10 parts.—M.
—*La Médecine Moderne.*

ASTHMA.

A combination of Dr. Pepper's is

℞ Ammon. brom., . . . ʒviiij.
Ammon. chlor., . . . ʒiiss.
Tinct. lobeliæ, . . . fʒiij.
Spir. æth. comp., . . . fʒj.
Syr. acaciæ, . . . ad fʒiv.

M. Sig.: Dessertspoonful in water every hour or two during paroxysms.—*Prescription.*

THERAPEUTIC USE OF ALCOHOL.

Professor Liebreich recommends the use of official alcohol with the addition of aromatic substances, which will disguise the taste. A formula proposed is

℞ Alcohol, . . . fʒiv.
Tincture of orange, . . . fʒiiss.
Tincture of ginger, . . . fʒ ¼.
Distilled water, enough to
make . . . fʒvj.—M.
—*La Médecine Moderne.*

ANÆMIA AND CHLOROSIS.

℞ Ferri redact.,
Pulv. camphor., . . . ʒiiss.
Extr. gentian., . . . gr. lxxv.
Pulv. acac.,
Aq. destillat., . . . ʒi q. s.

M. et ft. pil. no. xc.

Sig.: Two or three pills thrice daily.—*El Siglo Médico.*

DR. HARLEY, in view of the very slight solubility of santonine in the various media, prescribes the following solution: Finely-pulverized santonine, 12 grains; bicarbonate of soda, 12 grains; and distilled water, 3

ounces. The solution is made in a glass flask at boiling-point. The liquid is reduced one-third on boiling, so that afterward each ounce of the solution contains 6 grains of santonine. This solution is alkaline; it must be carefully neutralized with acetic acid and diluted with a notable amount of water in order to bring the quantity of santonine down to a safe dose of 1 grain.—London correspondent of *American Practitioner and News.*

PULMONARY TUBERCULOSIS

M. Carosso prescribes

℞ Creasoti, . . . fʒij.
Alcohol. rectificat., . . . fʒxvij.
Glycerin. pur., . . . fʒviiij.
Chloroform., . . . fʒv.
Ol. menth. pip., . . . fʒij.

M. Sig.: Tablespoonful in sweetened water before each meal.—*La Médecine Moderne.*

NOCTURNAL INCONTINENCE OF URINE.

℞ Tinct. lycopod. clav.,
Tinct. card co., . . . ʒiiss.
Syrup., . . . ʒss
Aquæ, . . . ad ʒvj.

M. Sig.: ʒss every four hours. Reduced doses for children.—*Medical Times and Hospital Gazette.*

TUBERCULOSIS.

M. F. Schmeyer orders

℞ Balsam of Peru, . . . gr. v.
Guaiaacol., . . . gr. iv.—M.

Of these capsules, 3 are given at a dose, three times a day, during meals, and the doses are gradually increased until 20 are taken during the day. Good effects may be due to the high doses, if they are tolerated. The author combines inhalations of

℞ Balsam of Peru, . . . ʒiiss.
Alcohol., . . . fʒj.
Distilled water, . . . fʒvj.

—*La Médecine Moderne.*

FOR PHTHISICAL COUGH.

Begbie's mixture is one deserving to be better known. It is

℞ Acid. hydrocyan. dil., . . . ℥xxxvj.
Acid. nitric dil., . . . ʒij.
Vel potass. bicarb., . . . ʒij.
Glycerin., . . . ʒiiss.
Inf. quassia vel gentian., ad ʒvj.

M. Sig.: A tablespoonful three times a day.—*Medical Times and Hospital Gazette.*

DIARRHŒA.

Prof. John M. Shaller praises the action of

Zinc sulphocarbolate, . gr. j.
Codeine sulphate, . gr. ¼.
Hyoscyamine amorph., . gr. ⅙.
Strychnine sulphate, . gr. ⅙.

If the writer had had confidence in arsenite of copper he would have used it in place of zinc, and, instead of a tablet, a granule would have been made.

The indications for the use of this tablet are: Diarrhœa, occurring during phthisis, typhoid fever, or influenza; or diarrhœa resulting from any cause. It can be recommended in colic and in all painful affections of the gastro-intestinal canal, even dysentery. When pain follows immediately after meals, or a few hours after, it is particularly valuable. He has never found a combination that gave him so much satisfaction in the treatment of the above-mentioned disorders.

In severe colic or diarrhœa adults may take one or even two tablets every hour or every two hours, until some improvement is manifested. Then one tablet should be taken when the pain returns, or after each stool. If a stool occur every three or four hours, a tablet should be taken every three or four hours. If pain follow the ingestion of food, one tablet should be taken half an hour before meals.—*Pacific Record of Medicine and Surgery.*

COUGH OF PHTHISIS.

℞ Glycerini, . . . f ʒij.
Tr. ferri chlor., . . . f ʒiij.
Creasoti, . . . gtt. xxx.
Alcohol., . . . f ʒj.
Tr. gentian. co., . . . f ʒij.
Vini Malag., . q. s. ad f ʒviiij.

M. Sig.: Tablespoonful in sweetened water before meals.—*Provincial Medical Journal.*

THE following is a favorite mixture for "sluggish liver and indigestion":—

℞ Acid. nitrohydrochlor. dil., ʒx.
Tinct. podophyllin., . ʒx.
Succ. taraxaci, . ʒj.
Tinct. nucis vom., . ʒx.
Syrup. zingiberis, . ʒss.
Aq. menth. pip., . ad ʒss.

M. Sig.: In water three times a day.—*Practitioner.*

IN the flatulent colic of infants—as, of course, a symptomatic treatment—the following gives excellent results:—

℞ Extracti zingiberis fluid., . ʒiss.
Tinct. asafœtidæ, . ʒiij.
Aq. menth. pip., . ʒss.
Aq. cinnamomi, . ʒss.
Syrup. simplicis, . ʒiv.

M. Sig.: One teaspoonful in water three times a day before meals.—*Practitioner.*

A MOUTH WASH.

℞ Acid. salicylic., . grs. xv.
Chloroform., . ʒiij.
Tinct. benzoin., . ʒiij.
Tinct. myrrhæ, . ʒiij.
Alcohol., . ʒiv.

Ft. lotio. S.: A few drops in a wineglassful of water.—*Practitioner.*

IN the two forms of genital herpes Besnier orders the following treatment:—

In the dry form:

℞ Unguent. plumbi, . ʒj.
Lanolini, . ʒj.
Adipis, . ʒss.—M.

Or else:

℞ Unguent. hydrargyri, . ʒj.
Lanolini, . ʒj.
Olei olivæ, . ʒss.

IN the moist form the parts are washed with boric or weak carbolic lotions, and then dusted with

℞ Pulv. amyli, . ʒj.
Bismuth. subnit, . gr. v.
Acid. tannic., . gr. v.
M. ft. pulv. —*Practitioner.*

A NOTE ON THE USE OF PICROTOXIN IN GYNÆCOLOGY.

Dr. Frank W. Talley, in a paper in the Philadelphia Polyclinic, says: The frequent occurrence of severe nervous symptoms co-existing with uterine and ovarian diseases has been observed, no doubt, by all practitioners of medicine and certainly by the gynecic specialist.

The symptoms complained of are: Flashes of heat, cold creeps, sweats, cold hands and feet, flatulence, constipation, palpitation of the heart, melancholia. The patients are easily confused, their memory is impaired, they having crying spells, avoid crowds and public places, are suspicious and brooding, flush when addressed, have a sense of impending calamity, and are generally wretched.

IN cases rebellious to the drugs generally recommended, and especially at the menopause, he has used in the last few months

picrotoxin in $\frac{1}{8}$ grain dose, repeated three times a day, with the happiest results.

Also picrotoxin in the same dose in the various conditions accompanying uterine and ovarian disease in young girls. The results obtained have been uniformly good. He has observed no bad symptoms following the use of picrotoxin in full doses, and knows of no contra-indication to its use.

The drug probably acts by lowering the reflex excitability of the spinal cord. It seems also to have a tonic influence.

ETHYL-CARBONATE OF PARACETAMIDOPHENOL.

This substance, with which Dr. Treupel, of Fribourg-en-Brisgau, has experimented, presents itself in the form of a crystalline powder, colorless and tasteless, soluble in alcohol, slightly soluble in water, acting at the same time as an antipyretic, analgesic, and hypnotic. According to M. Treupel it reduces by 2° or 3° C. the temperature of hectic fever, and is efficacious in headache and neuralgia. Its analgesic effect is produced half an hour after administration. The dose is 50 centigrammes (about 8 grains).—*La Médecine Moderne*.

HERPES ZOSTER.

Upon ulcerated spots Kaposi uses

R Boric acid, ... gr. xv.
Glycerin, ... q. s.

to dissolve the acid. Add

Vaseline, ... 3j.

Hydrochlorate of cocaine,

Extract of opium, ... gr. v.

M. For the pain he gives Fowler's solution.
—*Le Progrès Médical*.

LUMBAGO.

A prescription which is useful in some forms of lumbago is

R Sod. salicylat., ... 3iv.
Potassii iodid., ... 3ij.
Syrup. sarsaparillæ comp., 3j.
Aque, ... ad 3iij.

M. Sig.: A teaspoonful in water thrice daily, after meals.

SUMMER DIARRHŒA.

Dr. S. Solis-Cohen continues to use, with excellent results, the following:—

R Benzo-naphthol,
Bismuth salicylate,
Dover's powder, of each, 5 grains.—M.

This dose is given to an adult every two or three hours as necessary. Previous to the administration of the antiseptic and astrin-

gent powder, the intestines are cleansed by irrigation or by a suitable dose of calomel or of castor-oil and spiced syrup of rhubarb. Diet is properly regulated —*Philadelphia Poly-clinic*.

As an antiseptic for washing out the stomach Rosenheim employs

R Acid. salicyl., ... gr. xvij.
Thymolis, ... gr. iv.
Creolini, ... gr. iv.
Sodii biborat., ... 3ij.

M. Sig.: This is dissolved in a quart of tepid water and used with a siphon-tube after clear-water lavage once a day.—*Practitioner*.

ACUTE BRONCHITIS.

A useful mixture in acute bronchitis is

R Sod. salicylat., ... 3j.
Ammon. carb., ... 3j.
Tinct. camph. co., ... 3j.
Syrup. aurantii, ... 3ss.
Syrup. Tolut., ... 3ss.
Aque, ... ad 3iv.

M. ft. mist. Sig.: A dessertspoonful every three hours.—*Ibid*.

Another formula is

R Ammon. salicylat., ... gr. xl.
Ammon. carb., ... gr. xxiv.
Ammon. chlorid., ... gr. lxxx.
Extr. erythroxyli fluid., . 3iv.
Glycerini, ... 3ss.
Aque, ... ad 3iv.

M. ft. mist. Sig.: A tablespoonful every three or four hours.—*Ibid*.

ACUTE PLEURISY.

In acute pleurisy salicylate of soda has been strongly recommended. In this affection it frequently acts as a powerful diuretic:—

R Sodii salicylat., ... gr. v.
Sodii citrat., ... gr. v.
Sodii acetat., ... gr. v.
Aq. menth. pip., ... ad 3ss.

M. ft. dosis. Sig.: One tablespoonful every two to four hours.—*Ibid*.

To avoid nausea or sickness the salicylate is frequently given in this form:—

R Sodii salicylatis, ... gr. xx.
Aq. cinnamomi, ... 3j.

To which, if necessary, 5 grains of carbonate of ammonia may be added. Or it may be given in the effervescing form:—

R Sodii salicylatis, ... gr. xx.
Sodii carbonatis, ... gr. xx.
Syrup aurantii, ... 3j.
Aq. chloroformi, ... ad 3iss.

This dose can be given with 17 grains of citric acid or a tablespoonful of lemon juice. In the latter case the syrup of orange is replaced by half a drachm of simple syrup.

TO ABORT A COLD.

At the beginning of an ordinary cold relief is frequently obtained by taking

R Sodii salicylat., . . . 3ij.
Spirit. ammon. aromat., . 3j.
Syrup. aurantii, . . . ad 3ij.

M. Sig.: One teaspoonful in water every four hours — *Practitioner*.

GONORRHOEA.

The dysuria will generally be rapidly relieved by

R Sodii salicylat., . . . 3ij.
Tr. belladonn., . . . f3ij.
Tr. aurantii, . . . f3j.
Aq. destill., . . . q. s. ad f3vj.

M. Sig.: Tablespoonful every three hours.

ADESOL.

This is the name of a product which, according to M. Patein, possesses the following advantages: it is less viscid than steresol and, consequently, more easily applied; its base being ether, its evaporation is more rapid. The pellicle formed by adesol is more delicate than that of steresol. Adesol contains no carbolic acid, which, even in small quantities, may have a toxic effect. In the varnish employed by M. Patein carbolic acid is replaced by naphthol. The formula is

R Copal resin, . . . 3xj.
Benzoin, . . . 3j.
Balsam of Tolu, . . . 3j.
Official ether, . . . Oij.
Essence of thyme, . . . 3v.
Alpha-naphthol, . . . gr. xlv.—M.

—*La Médecine Moderne*.

LAMIUM ALBUM—A NEW HÆMOSTATIC.

Lamium album is a rather coarse, hairy perennial of very extensive distribution in the Old World, and of recent introduction to North America, but as yet sparing naturalization.

Florain called attention to the fact that the blossoms of the *Lamium album* were an hæmostatic of the first order. The remedy is said to have been efficacious in cases of bronchial hæmorrhage, blood-coughing, and uterine hæmorrhage, where the usual remedies—such as ergotine, acidum tannicum, and the like—had been used without success. In metrorrhagia the syrupy extract of the blossoms is used.

The use of the tincture in the following formula is advised:—

R Tinct. flor. lamii alb., . . . 100 (about 3iij).
Syrup sacchari, . . . 50 (3ij).
Aquæ dest. 250 (3vij).

A half teaspoonful or a "coffeespoonful" of the mixture should be given every half-hour until the internal bleeding ceases, after which a tablespoonful should be given every four hours until all the symptoms have disappeared.

Parke, Davis & Co. will take great pleasure in furnishing further information regarding this valuable remedy.—*Medical Progress*.

FLATULENCE.

In a paper on "Flatulence," by Dr. Stephen Mackenzie, published in the *Practitioner*, the author says: "For the violent spasmodic attacks, with great distension of the stomach and bowels to which some sufferers from flatulence are liable, the following is nearly always efficacious:—

"R Sp. cajuput.,
Sp. ammon. aromat.,
Sp. chloroform., . . . 3ss.

"M. The antispasmodic mixture.

"Sig: One teaspoonful in a glass of water every half-hour or every quarter-hour until relief is obtained.

"When flatulence is associated with pain after food, and a coated tongue indicating gastritis, the following prescription should be given:—

"R Potassii bicarb. vel sodii
bicarb., . . . 3ij.
Sp. ammon. arom., . . . 3iss.
Liq. strychninæ, . . . mxxx.
Sp. armoraciæ co. vel sp.
cajuputi, . . . 3iss—ij.
Sp. chloroformi, . . . 3j.
Infus. calumbæ vel gen-
tianæ co., . . . ad 3vj.

"M. ft. mist.

"Sig.: A sixth part three times a day between meals.

"In addition to the above the following pill should be prescribed:—

"R Acid. carbolic., . . . gr. xij.
Zinci valerianat., . . . gr. xx.
Aloinæ, . . . gr. vj.
Ext. nucis vom., . . . gr. 4.
Vel strychninæ, . . . gr. 3v.
Oleo-resin. capsici, . . . gtt. j.

"M. ft. pil. xij.

"Sig.: One pill night and morning."

DYSENTERY OF CHILDREN.

M. Escherich gives at first one or two teaspoonfuls of

℞ Castor-oil,
Syrup of manna, . . . ʒj.—M.

He then administers

℞ Acetate of aluminum, . . gr. xv.
Distilled water, . . . ʒiiss.
Simple syrup, . . . ʒiiss.

M. Sig.: Teaspoonful every two hours.—*La Médecine Moderne.*

MERCURIAL STOMATITIS.

Prof. E. Finger, of Vienna gives the following formulæ:—

℞ Carbolic acid, . . . 1.50 grms.
Rectified spirit, . . .
Distilled water, . . . ʒss 75.00 grms.

M. For external use.

A teaspoonful of this solution in a glass of water is employed for rinsing the mouth.

℞ Creasote, . . . 10.00 grms.
Rectified spirit, . . .
Distilled water, . . . ʒss 100.00 grms.

M. For external use.

This solution is employed in the same manner as the preceding. Recourse may also be had to penciling the gums and buccal mucosa with the following solution:—

℞ Tincture of nut-gall,
Tincture of rhatany, . . ʒss 30.00 grms.

M. For external use.

When the gums are in very bad condition, and when they are very granular, Professor Finger applies with a brush one or other of the following mixtures:—

℞ Oil of cade,
Rectified spirit, . . . ʒss 10.00 grms.
Tincture of opium, . . . 2.00 grms.

M. For external use.

℞ Tannin, . . . 3.00 grms.
Glycerin, . . . 6.00 grms.

F. S. A.—For external use. Shake bottle before using.—*North American Practitioner.*

ZINC STEARATE IN GONORRHEA.

Dr. M. B. Miller states that zinc stearate has the peculiar advantage of becoming closely intimate with any mucous surface upon which it is placed, thus permitting the more thorough

action of the zinc, of which it is an active compound, as of other therapeutic agents with which it may be combined. As it is relatively insoluble, the difficulty of its local application was overcome in the following manner: A straight glass tube of suitable calibre and length was prepared with lateral openings at short intervals at one extremity, while the other was slightly funneled. The smaller openings were then closed with carbolated petrolatum, and the tube thus made was filled with zinc stearate, preferably in combination with menthol. The bladder having been emptied, the urethra was carefully cleansed with weak solution of hydrogen dioxide and the glass tube introduced and passed through the penile urethra. By means of a plunger, which can readily be prepared by wrapping cotton on a probe until it fits the tube, the tube can be emptied by withdrawing it from the urethra while the plunger remains in the same relative position. The result is a urethra fully packed with the zinc stearate. The procedure is scarcely painful, and the influence of the menthol is to allay the subsequent slight irritation. The meatus being covered with the usual piece of absorbent cotton, the patient is instructed to abstain from passing urine as long as possible, and the usual directions as to diet, etc., are given to him. The relief experienced by the patient is striking and immediate, and it has rarely required more than three or four applications at intervals of a day to secure entire relief.—*Philadelphia Polyclinic.*

EPILEPSY.

In the British Medical Journal Dr. Anthony Roche, of Dublin, writes of the good results in epilepsy of a combination of bromide of potassium and bromide of strontium. In four cases thus treated, though none were cured, all of them were much relieved. "In all of them other bromides had been employed before, and the combination of the strontium seemed to be more beneficial. It has long been noticed that a combination of the bromides acts more favorably than any one, and I would advise you to impress on the patient that he must take the medicine for a long period, whether it has at first a beneficial effect or not. I think the bromide of strontium well entitled to further trial."

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
THE F. A. DAVIS CO., Publishers.
S. C. BERGER, Business Manager.

Philadelphia, Aug., 1893.

AGORAPHOBIA.

AS the features and forms of individuals exhibit an infinite diversity, so, as regards mental traits, the same variation occurs, even in health. No two persons possess precisely the same tastes, sympathies, tempers, or dispositions. If this be true in the normal condition the stamp of personality becomes accentuated in even the minor forms of mental derangement. Peculiarities which, in health, may perhaps elicit only a smile of amusement and be regarded as harmless oddities are exaggerated into causes of wonder or, possibly, alarm. Cases of this nature, though long recognized, have only of late been the subject of close scientific study and arranged in categories according to their origin, manifestations, and affiliations.

Sympathy with the unfortunate victims of mental alienation is natural to the man of kindly impulses, but it is difficult for the same mind to conceive or realize the state of consciousness of him who is dominated by delusions, hallucinations, and furious excitement of typical insanity. Of some of the lesser deviations from perfect mental health, however, most of us can form some conception from our own experience. Nothing is more common than that irresistible feeling of dread which overcomes us upon great heights, surrounded by the immensity of space which seems to await our fall. Reason may teach us that the pedestal or platform upon which we stand is sufficiently spacious for safety, but reason does not entirely dispel our alarm or sense of insecurity. The width which is ample upon level ground appears terribly insufficient when raised hundreds of feet in the air. In such situations many experience a feeling that they

must leap from their support or fear that they may do so, and this sensation is independent of actual giddiness. Custom is here, as elsewhere, powerful, and the cragsman scales the beetling rocks or hangs suspended by a rope, the sailor climbs the highest mast, the mountaineer crosses without fear the trunk of a tree thrown across a yawning chasm, and the light-house keeper paces his narrow platform without a tremor. Sir Walter Scott, in an opening chapter of "Anne of Geierstein," well depicts the effort of reason to assure an unaccustomed scaler of Alpine heights as well as the contrast with the courage acquired by habit. "This ledge of rock," he urged to himself, "is but narrow, yet it has breadth enough to support me; these cliffs and crevices in the surface are small and distant, but the one affords as secure a resting place to my feet, the other as available a grasp to my hands, as if I stood on a platform of a cubit broad and rested my arm on a balustrade of marble. My safety, therefore, depends upon myself. If I move with decision, step firmly, and hold fast, what signifies how near I am to the mouth of an abyss?"

The dread of space which, under unusual circumstances, may appal almost any one becomes a pathological symptom when experienced upon the level ground. To this morbid fear, which he was the first to accurately describe from the scientific point of view, Westphal has given the name of agoraphobia, and it forms the subject of an interesting communication by Dr. Jules Sottas in a recent number of a valued contemporary.* It is not only height, however, which may awaken the fear of space. Agoraphobia may be caused by space in any of its dimensions. An extended level, even in a city street, may give rise to the sensation of fear. This is, in fact, a very common manifestation. These cases are, perhaps, more common than is usually supposed. At all events, many more cases undoubtedly occur than ever find record in medical literature. There comes to the mind of the writer at the present moment the case of a successful profes-

* "Apropos d'un Cas d'Agoraphobie," par le Dr. Jules Sottas, ancien interne des hôpitaux, La Médecine Moderne, No. 45, 1895.

sional man of middle age, who, without apparently-sufficient cause, suffered, for a certain period, from timidity in traversing the streets, and would often, after starting for his office, be obliged to return to his home rather than cross a street. Finally his wife was obliged to conduct him to and from his office. This man eventually recovered and, as far as the writer is aware, has remained free from the trouble to the present time,—a period of more than a decade. He resumed his wonted activities in professional and public matters.

The case described by Dr. Sottas was that of a man, 36 years of age, born of a healthy father, but of an extremely-neurotic mother. The patient had been the victim of alcoholism from his fifteenth year, had acquired syphilis at the age of 17 years, and had suffered from several attacks of gonorrhœa. At 18 years he had experienced attacks of hystero epilepsy. At the age of 33 he lost his mother, and the grief or excitement caused by her death precipitated him into unusual alcoholic excesses. He became so violent in his conduct that people were afraid to approach him. For six or eight months he suffered extremely from polydipsia, had at the same time polyuria, and sugar was found in the urine. Shortly afterward he was afflicted with genital troubles, as constant priapism and sexual excitement, which lasted for several months. About the same period, also, there were lancinating pains in the limbs and abolition of the patellar reflexes; so that the beginning of tabes was suspected. There was also a genuine paresis. These symptoms have now disappeared, and they were very probably due to alcoholic neuritis. It was during these manifestations that the first symptoms of agoraphobia appeared. At the end of the year 1891 he began to feel a certain uneasiness whenever he approached a window, and was obliged to take a lodging on the ground-floor. The agoraphobia gradually developed more completely and at present displays a typical form.

Agoraphobia shows a relationship to other insurmountable fears. One of the patients, whose history is given by Legrand du Saulle, was the subject at once of agoraphobia and anthropophobia. He carefully avoided every-

body whom he knew. If he saw one of his friends approaching him he took refuge in a side street, which he did not leave until he was sure that he had not been observed and that his friend was out of sight.

The term agoraphobia really expresses but one form of the fear of space, which furthermore includes the fear produced by the face of a precipice (*cremophobia*), of the sea (*thalassophobia*), etc. There are likewise numerous other morbid fears which may be compared to agoraphobia, and which have been classified under specific designations. Such are, for instance, the dread of closed places (*claustrophobia* or *clitrophobia*); the fear of solitude, or *monophobia*; of obscurity, or *scotophobia*; of carriages, or *amaxophobia*, etc. Certain patients cannot, without repugnance, touch pointed objects (*aichmophobia*) and especially pins (*belonophobia*); metallic objects, as pieces of money (*metallophobia*); velvet, silk, or lustrous stuffs (*trichophobia*); glass (*cristallophobia*), etc. Sometimes there is fear of contact in general, of odor, or of sound. Similar forms are the aversion to water or rivers; the morbid fear of fire or matches; of thunder and lightning; of diseases, especially hydrophobia and syphilis; of poisons, death, or of being buried alive, etc. Long lists of these aberrant states of mind could be compiled.

The conditions under which the attack of agoraphobia may be provoked are exceedingly various, in accordance with the multitude of impressions which the idea of space may cause. In the patient of Dr. Sottas an attack was occasioned not only by large extent of space, but also by long lines of carriages or the movements of machines in the factory where he had worked.

A sort of logic is observed in these manifestations. Empty space is peculiarly impressive. Some patients are much more affected on Sunday, when shops are closed, business suspended, and the streets deserted. The presence of people, carriages, etc., generally alleviates the fear, though it will sometimes occur in crowded places.

The characteristic fear is often accompanied by a sensation of thoracic or epigastric con-

striction, the impression of cold or heat, etc. The face may become pale or red, there may be palpitations, a terrified countenance, moisture of the skin, tremors, and sometimes emotive diarrhoea. The fear differs in intensity from simple uneasiness to extreme terror. Apart from dread, the patients retain entire possession of their mental faculties. They are perfectly conscious of the folly of their fright, but are powerless to resist the feeling.

Agoraphobia generally develops slowly and progressively; at first the patient may be able to control his fear, but it gradually obtains the mastery. During the earlier period he strives to strengthen his resolution by various methods. This has been termed the "stage of subterfuges." Some hug the wall in their walks, others require the support of a cane, the arm of a friend, or even of a child. Some, who hesitate to pass a certain place, can accomplish the object by walking alongside a carriage, especially a public vehicle filled with passengers.

In a later period the state of mind is so accentuated that the patient is afraid to leave his house, even in a carriage. He must live on the ground-floor and all his habits are ruled by his fears. Such a condition, if persistent, leads to mental alienation.

Agoraphobia is undoubtedly a special neurosis. It may exist alone, but it is often associated with other psychical troubles, whether of the same or of different nature. According to Legrand du Saulle the idiopathic form pertains particularly to men, especially to educated men of liberal pursuits. Out of 29 cases reported by Cordes 28 occurred in men. It is believed that the manifestation is associated with mental degeneracy, either latent or developed. It is only in rare instances that agoraphobia is absolutely the only symptom. There can generally be discovered in the patient's past some evidence of mental aberration. Hallucinations of hearing or sight, irresistible impulses, or epileptic paroxysms are not infrequently observed among the subjects of agoraphobia.

The diagnosis is usually easy and the characteristic fear may be readily differentiated from the forms of vertigo, though certain

difficulties of gait or station betray, in the beginning, some similitude to the fear of space. In the basophobia described by Professor Debove the patient has no weakness of the limbs. In bed he can execute all movements, but he cannot traverse a street or even hold himself erect. This is an analogous psychical disturbance, but the element of fear is absent. The symptom is not influenced by the presence or idea of space. It occurs equally in a small room. Basophobia and agoraphobia, however, may co-exist in the same person, and in one of the patients observed by M. Debove the latter preceded the development of the former manifestation.

Astasie-abasie is an altogether-different affection. The patient is unable to walk or hold himself erect, though not on account of fear. If ordered to walk he lurches forward; not being able to control his limbs, he stumbles against obstacles and falls; but in spite of these mishaps he has neither timidity nor anguish.

In fine, the patient afflicted with agoraphobia cannot advance, because he is terrified by the space which he must traverse. He who suffers from basophobia is undismayed by the notion of space; he is persuaded that he cannot support himself, but is not afraid. The victim of astasie-abasie has neither apprehension nor dread, but has lost memory for co-ordination of movements, either for maintaining the erect posture or for walking.

The prognosis of agoraphobia depends upon the mental personality of its subjects. In some it is but an episode associated with other serious mental derangements, and these patients usually progress to lunacy. Among others, the prospect accords with the intensity of the disease. The mental difficulty may be single, may remain stationary, and amenable to some control or disguise. The patients may remain capable of playing their parts in life. When, however, the difficulty increases and the patient reaches the period when he is obliged to shut himself up in the house, the outcome is apt to be dementia. Nevertheless, even at this advanced stage improvement or recovery may take place.

Agoraphobia resulting from nervous debility

is, to a certain point, susceptible to the influence of a general tonic course, embracing iron, arsenic, strychnine, and hydrotherapy. Legrand du Saulle insisted upon the value of moral influence. The constant assistance and encouragement of a firm-willed person will often have the happiest effect.

A CASE OF TRACHEAL OZÆNA.

WE usually think of ozæna only in connection with the nasal passages. That the affection may, in rare instances, localize itself elsewhere, has been shown by Dr. Luc, and is exemplified anew in a case reported by M. Wagnier at the last annual session of the French Society of Otology and Laryngologie.* The patient was a girl, 16 years of age, who was brought to Dr. Wagnier in May, 1894, on account of nasal fetidity. She had enjoyed good general health, and possessed no morbid personal or inherited antecedent worthy of note. Toward the end of the year 1893 it was noticed that she had a very foul breath. The odor was present only in the air expired by the nose, and was not perceptible in that expelled from the mouth. The mother was particular upon this point, which she had observed many times. At the first examination true ozæna of the nose was recognized, with adherent greenish gray crusts and moderate atrophy of the turbinated bones. The larynx was not at that time examined. The menses appeared for the first time in the month of May, returned in November, and after that date became regular. In November the patient visited Dr. Wagnier, complaining that she had been hoarse for several days. On inspection the larynx was found but slightly congested, but between the vocal cords it was perceived that the trachea was covered with an absolutely-black layer, which extended downward as far as could be seen. Notwithstanding the treatment, which had been faithfully carried out, the stench had been worse than ever for some time past. Under the measures now adopted the voice soon became clear, but the condition of the trachea remained unchanged.

Some small, black, and fetid masses were easily removed from the trachea, to which they did not adhere strongly, although quite viscid. Beneath them the mucous membrane was reddish and the annulated appearance due to the rings of the trachea had disappeared. The stench was the only manifestation. There was no pain or cough. From time to time fragments of crust were ejected without difficulty. The odor was sickening and excessive. By this time the nasal passages had become quite clear. Further treatment by means of antiseptic inhalations and internal medicaments was without effect. Recourse was then had to intra-tracheal injections, which produced expulsion of considerable masses and subdued the odor for a time, although it soon returned. The result, in fact, was but palliative and it was only the upper part of the trachea that could be directly reached.

A bacteriological examination of the tracheal secretion was made by Dr. Surmont, *agrégé* of the Faculty of Medicine, who found two species of diplococcus, one of which presented all the characters of that described by M. Loewenberg as the specific microbe of ozæna.

In the above case, as in all hitherto reported, nasal ozæna accompanied and appears to have preceded the disease in the trachea. It developed at puberty, a short time after the establishment of the menstrual function. The case is remarkable in being free from every symptom except stench. The incrustation of the trachea gave rise to no irritation, not even a cough. The ozæna seems to have produced a certain degree of insensibility of the trachea. Sensibility to contact was normal in the pharynx and larynx.

COLLEGE OF ST. FRANCIS XAVIER.—The forty-fifth annual commencement of this institution was held June 24th, at 8 P.M. The exercises were of an interesting character, and the addresses of the graduates gave evidence of the faithful training which they had received. The address to the graduates was delivered by Joseph W. Carroll, '79, President of the Alumni Association. The honorary degree of Doctor of Laws was conferred on Professor Francis J. Quinlan, A.M., M.D.

* Revue de Laryngologie, d'Otologie, et de Rhinologie, No. 11, 1895.

MEDICAL NEWS AND MISCELLANY.

DR. THOMAS G. ASHTON has removed to 1533 Pine Street.

GROSS Medical College, of Denver, is to have a new building.

J. W. ECKFELDT, M.D., has removed to 6320 Drexel Road, Overbrook.

DR. A. C. COTTON, of Chicago, has been appointed as City Physician, to succeed Dr. Todd.

THE Third International Congress of Physiology will be held at Berne, from September 9th to 13th.

THE American Academy of Railway Surgeons will meet in Chicago on September 25th, 26th, and 27th.

THE American Public Health Association will hold its annual meeting at Denver, on October 1st to 4th.

SIR HENRY WILLIAM HINGSTON.—Dr. Hingston, of Montreal, has been created a knight by the queen.

PROF. WILLIAM MACEWEN, M.D., and Sidney Martin, M.D., have been elected Fellows of the Royal Society.

THE Medical Department of the University of Nashville has severed its connection with the Vanderbilt University.

THE degree of LL.D. was recently conferred upon Dr. William H. Wathen, by Notre Dame University of Indiana.

THE fortieth annual meeting of the Kentucky State Medical Society was held in Harrodsburg on June 12th, 13th, and 14th.

AT a meeting of the Council of University College, Dr. F. T. Roberts, F.R.C.P.Lond., was elected Professor of Medicine.

THE honor of knighthood has been conferred upon Dr. Henry Duncan Littlejohn, of Edinburgh,—the expert on public health and police law.

THE Board of Trinity College, Dublin, has appointed Dr. A. C. O'Sullivan to the new Lectureship on Pathology in the School of Physic.

THE honor of knighthood was conferred on Mr. Thornley Stoker, President of the Royal College of Surgeons in Ireland, and on Dr. Christopher Nixon, Senior Physician to the Mater Misericordiae Hospital, by the Lord-Lieutenant of Ireland (Lord Houghton), on July 4th.

AT the recent meeting of the Belgian Association of Surgeons, Prof. Nicholas Senn received the merited distinction of being elected an honorary member of that body.

DR. THOMAS OSMOND SUMMERS, editor of the St. Louis Clinique, has been appointed Professor of Anatomy and Bacteriology at the St. Louis College of Physicians and Surgeons.

SIR WILLIAM MACCORMAC was, at the last meeting of the Société Belge de Chirurgie, elected an honorary member of that body in virtue of the services rendered to surgical science.

CANADIAN MEDICAL ASSOCIATION.—The meeting of this year is to take place at Kingston on August 28th, 29th, and 30th, under the presidency of the venerable Dr. Bayard, of St. John, N. B.

A DEGREE IN STATE MEDICINE.—The Journal of the American Medical Association announces that the Rush Medical College, of Chicago, has arranged to grant the degree of *doctor medicina civitatis*.

PRESENTATION.—At a recent meeting of the New York Academy of Medicine one of the interesting events was the presentation to the society of a portrait of the late Professor Valentine Mott.

THE NEW YORK POLYCLINIC.—Dr. Wilbur B. Marple has been elected Professor of Ophthalmology; Dr. W. R. Pryor, Professor of Gynecology; and Dr. W. R. Townsend, Professor of Orthopaedic Surgery.

AT the last annual commencement of Georgetown University, Washington, D. C., the degree of LL.D. was conferred on Dr. Ernest Laplace, Professor of Surgery in the Medico-Chirurgical College of Philadelphia.

LINTON MOIST GAUZE.—This gauze is a saturation of sterilized absorbent gauze with stable emulsions of iodoform of 5 and 20 per cent. to dry gauze, and solutions of 5 or 10 per cent. of carbolic acid and of corrosive sublimate, 1 to 1000 and 1 to 2000.

DR. BRANSFORD LEWIS, of St. Louis, having resigned his position with the Missouri Medical College, has been elected Professor of Genito-Urinary Surgery at the College of Physicians and Surgeons, and Genito-Urinary Surgeon to the Baptist Hospital.

THE MEDICAL SOCIETY OF THE STATE OF COLORADO.—At the twenty-fifth annual convention, held in Denver on June 18th, 19th, and 20th, the following officers were chosen for the ensuing year: President, Dr. I. B. Perkins, of Denver; First Vice-President, Dr. A. J. Robinson, of Aspen; Corresponding Secretary, Dr. E. R. Axtell, of Denver.

FATAL CONJUNCTIVAL HÆMORRHAGE.—Stoewer reports a case in which a 7-month-old child had persistent bleeding from the left conjunctival sac. This had continued several days in spite of the application of a bandage by the attending physician, so that the previously healthy child was very much reduced when it was first brought to Stoewer. He discovered, as the source of the bleeding, a small granulated tumor of the lower *cul de-sac*, and when this was removed, scraped out, and the defect closed with a suture, the bleeding ceased. The previous loss of blood, however, had been too great for the child's vitality and it died two days later.—*Medical Standard*.

A NOTABLE TRIBUTE TO THE MEMORY OF THREE NOTABLE MEN.—At the annual meeting of the alumni of the Chicago Medical College, the Medical School of the Northwestern University, the event was made memorable by the presentation, on the part of former graduates, to the college of three life-size busts in bronze, in memory of three deceased members of its faculty—one representing Dr. Hosmer Allen Johnson, who was the first to suggest the organization of this college; the second, in memory of Dr. William Henry Byford, who for many years so ably created and filled the Chair of Gynecology; the third, sacred to the memory of the lamented James Stewart Jewell, who from being the first of its medical graduates, came to be one of its most honored teachers and achieved for himself in a few short years of his wonderful life a world-wide reputation as a neurologist.—*Ex*.

AN exchange tells a story of a Scotch minister whose physician ordered him to drink beef tea. The next day, when the doctor called, the patient complained that the new drink made him sick.

"Why, sir," said the doctor, "that can't be. I'll try it myself."

As he spoke he poured some of the tea into a skillet and set it on the fire. Then having warmed it, he tasted it, smacked his lips, and said: "Excellent, excellent!"

"Man," said the minister, "is that the way ye sup it?"

"Of course; what other way should it be suppit? It's excellent."

"It may be gude that way, doctor; but try it wi' the cream and sugar, man. Try it wi' that and see hoo ye like it."

THE ELIMINATION OF IRON.—Probably no more revolutionary paper has been presented to the profession in a long time than the one recently read before the German Congress of Internal Medicine by Prof. E. Bunge,—the noted physiological chemist of Switzerland. Professor Bunge says that Kletzensky, Hamburger, and Voit are correct in their assertions that the in-

organic compounds of iron are all eliminated by the excretions, none whatever being assimilated by the system. To substantiate this view Professor Huebner declared that he had long noticed that his anæmic children did not do well on a diet restricted to milk, and asked why this should be so when the iron existed in the milk in organic, rather than inorganic, combination. Professor Bunge then showed that milk was greatly deficient in iron, and was far from a perfect food as a blood-builder. To have iron properly assimilated it must be taken in the form in which it exists in our food; but to be of benefit there must be a sufficient amount of it. As milk is deficient in iron, so must we look to other articles of diet which can be added to milk in order to supply this deficiency. Professor Bunge says that wheat contains nearly three times the amount of iron found in milk, hence it is of especial value, when added to milk, as a food for delicate infants, invalids, etc. Among the cereal preparations on the market, Just's food demands especial notice as composed of wheat and other products in such a form that, when added to cows' milk, the iron will exist in proper amount and also in proper form.

Dr. Pillem: "Did you administer the opiate at 9 o'clock as I directed?"

Mrs. Gamp (with a sniff): "That I did, sir; but it seemed a pity to have to wake the poor man out of the first sound sleep he's had in four days to give it to him!"—*New York World*.

A PTOMAIN IN THE URINE OF CANCEROUS PATIENTS.—Griffiths describes a ptomaine extracted from the urine of cancerous patients. It is a white substance, crystallizes in needles, and dissolves in water with an alkaline reaction; it gives a brown reaction with Wessler's reagent. It is very poisonous, and injected into the veins leads to fever and death in three hours. It is not present in normal urine.—*British Medical Journal*.

ACADEMY OF SCIENCES.—The French Academy of Sciences has elected, as foreign associate in place of M. Van Beneden, Mr. Frankland, member of the Royal Society of London, on account of his remarkable works upon organo-metallic combinations.

NOT A UNIQUE CASE.—The curtain has risen on the third act, and the momentary hush that preceded the resumption of the performance on the stage was broken by a stentorian voice from the rear of the auditorium: "Is Dr. Higginspiker in the house?" A tall, heavily-whiskered man occupying a front seat rose up. "If Dr. Higginspiker is in the house," resumed the stentorian voice, "he told me I was to come here and call him out at 10 o'clock!" Whereupon Dr. Higginspiker, looking very red, picked up

his hat and cane and walked down the aisle amid much loud and enthusiastic applause.—*Chicago Tribune.*

A SAD ACCIDENT.—Dr. Edward R. Palmer, one of the most prominent physicians of Louisville, Ky., and well known throughout the Southern States, was killed on the Southern Boulevard of that city, on the evening of July 5th, while riding his bicycle, in a collision with another wheelman,—William R. Colston. Both parties were thrown to the ground, but Mr. Colston was quickly revived. Dr. Palmer was removed unconscious to the Norton Infirmary, where he died the next day, without having regained consciousness.

Dr. Palmer was president of the Genito-Urinary Section of the American Medical Association, and has been a valued contributor to medical publications for the past ten years. He was born in Woodstock, Vt., and went to Louisville forty-four years ago.

INTERNATIONAL CONGRESS OF GYNÆCOLOGY AND OBSTETRICS.—The second session of this congress will take place at Geneva in the early part of September, 1896. The session had been erroneously announced in some journals for 1895. The official questions, for which reporters have been chosen from different countries, are: Obstetrics—(1) relative frequency and most usually observed form of contraction of the pelvis in different countries; (2) treatment of eclampsia. Gynæcology—(1) operative treatment of uterine retrodeviations; (2) pelvic suppurations and their treatment; (3) mode of suturing the abdominal walls; the best mode of avoiding abscesses, hernias, etc.

THE Fifth International Congress in Opposition to the Abuse of Alcoholic Drinks will be held at Basle on August 20th and the two following days. It is proposed to discuss the questions: 1. Alcoholism in its moral, hygienic, social, and medical relations. 2. The preventive means, persuasive and coercive, used in order to combat alcoholism.

THE Committee of Organization of the International Congress of Medicine of Moscow, composed of all the professors of the Faculty of Medicine of Moscow, has appointed a committee, at the head of which is the dean, M. Klein, professor of pathological anatomy, to make preparations for the meetings. French will probably be the language adopted.

FOREIGN UNIVERSITY INTELLIGENCE.—Bologna: Dr. S. Salaghi has been recognized as *privat-docent* in therapeutics. Bonn: Dr. E. Schullze has been recognized as *privat-docent* in neurology and psychiatrics. Halle: Dr. F. Haasler has been recognized as *privat-docent* in surgery. Leipzig: Prof. J. von Kries, of Frei-

burg, a former assistant of Prof. C. Ludwig, has been appointed to succeed him in the chair of physiology. Dr. R. Kockel has been recognized as *privat-docent* in pathological anatomy. Marburg: Dr. E. Behring has been promoted to the rank of ordinary professor of hygiene. Dr. W. von Sobieranski has been recognized as *privat-docent* in pharmacology. Vienna: Drs. Chvostek, Max Herz, and Norbert Ortner have been recognized as *privat-docenten* in medicine, Dr. Salzmann as *privat-docent* in ophthalmology, and Dr. Réthi as *privat-docent* in laryngology.—*Lancet.*

ENCOURAGED BY APPLAUSE.—Not long since the following incident occurred in the writer's hearing at the meeting of a medical society. The subject of puerperal eclampsia was under discussion. The author of the paper related how he had given croton-oil in each case. A physician, with an unusually rosy appearance to the end of his nose, arose and said that he did not think the dose of oil was large enough. He often gave it in much larger doses. "How large?" a member asked. "Five drops at a time," he replied. "That's not large!" said a member. (Applause.) "Well, in some cases," said the first speaker, "I give fifteen drops to a dose." (Applause.) Another member exclaimed: "I have given double that, myself!" (Applause.) Encouraged now to the point where he did not propose to be beaten, the ruddy-faced member replied: "And I have often given it in teaspoonful doses." (Great applause.)—*Practical Medicine.*

AT the annual meeting of the faculty of the Bellevue Hospital Medical College the following changes were made: The title of the chair held by Dr. Joseph T. Bryant was changed to that of anatomy and operative clinical surgery. Dr. George D. Stewart resigned as one of the demonstrators of anatomy and was appointed to give one lecture a week as lecturer adjunct on anatomy, under the direction of Professor Bryant. Dr. Stewart was also nominated an assistant visiting surgeon to Bellevue Hospital. Dr. John F. Erdmann was appointed professor of practical anatomy and put in charge of the dissecting-room. Dr. Reginald H. Sayre was appointed lecturer adjunct on orthopædic surgery. Dr. Austin Flint, Jr., was elected professor of obstetrics. Dr. William H. Park was appointed instructor in contagious diseases.

AN ANCIENT STATUETTE.—The British Medical Journal says: "In the *Progrès Médical* Dr. F. Poncet gives an account (with illustrations) of a statuette recently found at Susa, the ancient Hadrumetum, a seaport of Tunis, which, in the opinion of experts like MM. Maspero, Henzey, and Saglio, represents the god Bes, a deity of the second order in the Egyptian mythology.

It was found in the course of some excavations in a cemetery near the Phœnician acropolis and inclosure. Its date is believed to be about 900 B.C., in the time of the Phœnicians. The special interest of the figure for medical men is that the god is represented as wearing an apparatus, which there can be little doubt is a double inguinal truss consisting of two belts, with a broad band of some thinner and apparently softer material between them. The upper belt is fitted with a metal pad of oval shape accurately closing the external ring, and ending at its lower part in a fine stem, which is directed upward to the pubes, where it meets its fellow from the other side, the two being fastened to the upper belt by a bow-knot. The figure shows, besides, two well-marked femoral and two large scrotal ruptures, the penis being buried in the mass, and being represented only by a tiny urinary meatus. M. Poncet thinks the truss not only well constructed mechanically, but surgically more satisfactory in several respects than any made at the present day."

FRENCH SURGICAL ASSOCIATION.—The ninth meeting of this body will convene at Paris on October 21st, under the presidency of Dr. Eugene Boeckel. The questions for discussion are: 1. The surgery of the lung (the pleura excepted), M. Reclus, reporter. 2. Early or late operative interference in the solutions of continuity of bone (cranium and vertebral column excepted), M. Heydenreich, reporter.

A BALLAD OF THE HYGIENIC PIE.

Give me a spoon of oleo, ma,
And the sodium alkali,
For I'm going to make a pie, mamma;
I'm going to make a pie;
For John will be hungry and tired, ma,
And his tissues will decompose,
So give me a gramme of phosphate
And the carbon and cellulose.

Now, give me a chunk of casein, ma,
To shorten the thermic fat;
And hand me the oxygen bottle, ma,
And look at the thermostat;
And if the electric oven's cold
Just turn on half an ohm,
For I want to have supper ready
As soon as John comes home.

Now, pass me the neutral dope, mamma,
And rotate the mixing machine,
But give me the sterilized water first
And the oleomargarine,
And the phosphate, too, for now I think
The new typewriter's quit,
And John will need more phosphate food
To help his brain a bit.

—*Practical Medicine.*

TUBERCULOUS IRITIS.—Vignes draws the following conclusions: 1. Tuberculous iritis must be distinguished from other varieties of iritis. 2. This form of iritis is premonitory of the appearance of tuberculous nodules elsewhere. 3. Its invasion is insidious, slow, and with but little local reaction, but is accompanied by numerous posterior synechiæ. 4. The absence of pathognomonic symptoms makes the diagnosis difficult. 5. The tendency to spontaneous healing of miliary tuberculosis of the iris depends upon the natural resistance of the iris-tissue. The encapsulation of the tubercle and the rapid obliteration of its nutrient capillaries favor its isolation and the protection of the healthy tissues.—*New York Medical Journal.*

DEATH OF WILLIAM H. SCHIEFFELIN. We regret to learn of the death of Mr. William H. Schieffelin, of the firm of W. H. Schieffelin & Co., with which he had been connected for upward of thirty-five years. In consequence of his demise the business will be continued by the surviving partners under the firm-name of Schieffelin & Co.

ROBERT LOUIS STEVENSON'S LAST NOVEL.—Lovers of Robert Louis Stevenson—and this means all who love good literature—will be glad to know that his last story, "St. Ives," was left at his death practically completed, so it is stated by those who have seen the manuscript. Many chapters have even received the author's final revision. Stevenson had been at work upon this novel for more than a year, and the first half of it had been entirely rewritten several times.

The novel is said to deal with the adventures of a Frenchman captured in the Peninsular War and shut up in Edinburgh Castle. A love affair between him and a Scottish maiden, a duel on the maiden's account between him and a fellow-prisoner, and his escape from the prison are a few of the episodes that promise a romance of as absorbing interest as any Stevenson has produced.

"St. Ives" will be published serially in McClure's Magazine, the price of which, by the way, is to be immediately reduced to 10 cents a copy.

AMERICAN NEUROLOGICAL ASSOCIATION.—At the last meeting of this Association the following-named gentlemen were elected to active membership: Dr. Hugh F. Patrick, of Chicago; Dr. Edward Wylls Taylor, of Boston; Dr. Leopold Stieglitz, of New York; Dr. John Jenks Thomas, of Boston; Dr. H. L. Worcester, of Danvers, Mass., and Dr. B. Onuf, of Brooklyn. Honorary Members: Dr. S. Weir Mitchell, of Philadelphia; Dr. Camillo Golgi, of Italy; Dr. L. Edinger, of Frankfort; Dr. Ramón y Cajal,

of Barcelona; and Dr. Dejerine, of Paris. The following officers were elected for the ensuing year: President, Dr. F. X. Dercum, of Philadelphia; Vice-Presidents, Dr. George J. Preston, of Baltimore, and Dr. C. E. Riggs, of St. Paul; Secretary and Treasurer, Dr. G. M. Hammond, of New York.

HIS FIRST SEIDLITZ POWDER.—The desire for new things was not confined to the Athenians. Even far-distant Africa possesses it, if the story now current is true.

On the arrival of the first consignment of Seidlitz powders in the capital of Delhi the monarch became deeply interested in the accounts of the refreshing draught. A box was brought to the king in full court, and the interpreter explained to his majesty how it should be used.

Into a goblet he put the twelve blue papers, and, having added water, the king drank it off. This was the alkali, and the royal countenance expressed no signs of satisfaction. It was then explained that in the combination of the two powders lay the luxury, and the twelve white powders were quickly dissolved and eagerly swallowed by his majesty.

With a wild shriek that will be remembered while Delhi is numbered among the kingdoms, the monarch rose, staggered, exploded, and in his full agonies screamed: "Hold me down!" then, rushing from the throne, fell prostrate on the floor. There he lay during the long-continued effervescence of the compound, spurting like 10,000 pennyworth of imperial pop, and believing himself in the agonies of death.

AN INTERESTING SOUVENIR.—The editor of THE MEDICAL BULLETIN has received from Mr. William H. Kunzig, of this city, a book which was once the personal property of the great actor, Edwin Forrest. It came into the possession of Mr. Kunzig by gift of Mrs. Rees, whose husband had it for fifty years in his library. Mr. Rees was the well-known dramatic critic "Colly Cibber," and a friend of Mr. Forrest.

MONTHLY RETROSPECT OF MEDICINE AND PHARMACY.—This is the title of a useful journal, edited and published at 639 North Broad Street, Philadelphia, by E. H. Gingrich, M.D., Ph.G.

RELATION OF THE LIVER TO THE SKIN.—In a recent report of work in the laboratory of Professor Richet of Paris, which contains the details of a large number of interesting series of investigations, there is to be found a report of the work of an extensive study conducted by M. Richet for the purpose of determining the relation of the liver to the cutaneous surface in various animals. M. Richet had previously announced the results of his studies upon the relation of the weight of the liver to the cutaneous

surface, in a dog. He has now extended his study so far that he is able to state that man has a larger liver in proportion to the extent of skin-surface than any other animal. This is attributable to the fact that in man the skin is naked, thereby requiring of the system a much higher degree of activity in the heat-producing processes of the body in order to maintain a proper degree of temperature. The intimate relation of the liver to the thermogenetic processes of the body doubtless affords an explanation for the inability to resist cold and to eradicate it after a brief exposure. To cold presented by a large number of individuals.—*Modern Medicine.*

THE next reunion of the German Gynecological Congress will be held at Leipzig, in 1897, under the presidency of Professor Zweifel. The questions of the day will be: (1) the treatment of retroflexion, and (2) placenta prævia.

DEATH OF PROFESSOR VERNEUIL.—We regret to announce the death of the illustrious Professor Verneuil at the age of 72 years. Professor Verneuil became interne in 1844, preceptor of anatomy in 1851, agrégé in the Section of Anatomy and Physiology in 1853, and surgeon to the hospitals in 1856. In 1868 he became professor of surgical pathology, but was soon transferred to the chair of surgery. He was elected a member of the Academy of Medicine in 1869. Professor Verneuil was an ornament to French surgery and known by his writings to all the civilized world.

THE American Medical College Association have decided that the four-years' course shall go into effect with the students entering in 1895. The following officers were elected: President, Dr. William Osler, of Baltimore. Vice-Presidents, Drs. J. M. Bodine, of Louisville; and D. W. Graham, of Chicago. Secretary and Treasurer, Dr. Bayard Holmes, of Chicago. And Judicial Council, Dr. D. S. Reynolds, of Louisville; W. H. Pancoast, of Philadelphia; and Victor Vaughan, of Ann Arbor, Mich.

THE ninth annual meeting of the American Orthopædic Association will be held in Chicago on September 17th, 18th, and 19th, under the presidency of Dr. John Ridlon, of Chicago.

SUBSTITUTION OF MUSCLES.—At a recent meeting of the Berlin Medical Society, Professor Gluck exhibited several cases in which he had endeavored to remedy the loss of function in an amputated or paralyzed limb by substitution of muscles capable of supplying the place of those the function of which has been lost. The first patient, a man aged 20, had consulted the author two years ago for infantile paralysis affecting all four limbs. He could take only a few steps at a time, and this with the greatest difficulty. Gluck first performed tenotomy of the fascia lata and

adductors, straightened the joints of the right hip and right hand, and had a leather wristlet made for him; he also divided all the soft parts of the contracted elbow. Lastly he ordered an apparatus for maintaining the knee and hip. Thanks to this operation, he is now able to stand up all day, and to use the right hand to such advantage as to earn his living as a copyist. In the second case, that of a little girl, the femur had been amputated in consequence of a compound fracture of the leg and knee. This child has been taught to walk on one leg by hopping, —an exercise in which she has become expert. The third patient suffered from infantile paralysis and was quite unable to do anything. After a course of systematic muscular training he is now able to climb, raise the pelvis, walk with the help of the hands, etc. Another patient, who is incapable of using his hands and forearms, uses his feet in eating.—*International Journal of Surgery*.

FURTHER OBSERVATIONS ON THE DEVELOPMENT OF MAMMARY FUNCTIONS BY THE SKIN OF LYING-IN WOMEN.—At a meeting of the Royal Medical and Chirurgical Society, Dr. F. H. Champneys and Mr. A. A. Bowly read this paper. Reference was made to the previous paper, containing a record of thirty cases. The description of the lumps there given was quoted. The opinion there expressed was that the lumps were developed from the sebaceous follicles of the skin. Three sets of specimens had since been obtained and subjected to microscopical examination. They were seen to consist of (1) a covering of normal skin; (2) loose subcutaneous tissue and fat; (3) aggregation of glands. The glands were situated deeply, in the situation of sweat-glands, and much more deeply than the sebaceous glands, which were unaltered. The glands were of the tubular type, the deeper parts much convoluted, the terminal ducts nearly straight and opening through interpapillary processes. The cells of the deeper parts appeared to be columnar, those of the ducts were polyhedral, in two or three layers. The glands, in short, were like sweat-glands, but extended more deeply; were more regular, both in structure and extent, than those in normal skin, and were interpenetrated by plentiful unstriated muscular fibres; they formed the lumps in question. There was no appearance of mammary tissue or any other tissue, except that described. They agreed in microscopical appearance with the skin-glands in the human axilla described by Dr. Creighton. The conclusions drawn were (1) that the lumps consist of modified sweat-glands; (2) the fact that various mammary secretions are produced by modified sweat-glands seems to show either that mammary tissue is not necessarily a direct modification of sebaceous

gland-tissue or that similar secretions can be produced by more than one variety of skin-gland. In this connection it may be remembered that the ceruminous glands of the ear which secrete "wax" are coiled-tubular, and not acinous, in structure.

The president complimented the authors on the detailed work which had settled an important histological question. Multiple abscesses in the axilla occurred almost exclusively in women, and to him had always seemed to be probably connected with the presence of sebaceous glands. This, however, was, by the light of the author's researches, shown not to be the case.

Mr. R. J. Godlee had found glands, similar to those described by the authors, in the skin of a patient with mammary carcinoma; at first he had thought they might have some connection with the growth, but he subsequently found them in the skin of the axilla of healthy persons. He inquired in what particulars these glands differed from those occurring normally in the skin.

Dr. J. Mitchell Bruce referred to the analogy between the mammary and the other skin-glands as illustrated by the way in which these organs reacted to atropine and pilocarpine.

Mr. A. A. Bowly described the sections of the "lumps" showed under the microscope and figured in the society's Transactions. There was no essential difference between the glands found in the "lumps" and those normally met with in the skin of the axilla. In the lumps there was an exaggeration of the normal condition.

Dr. Champneys mentioned that he had seen these lumps as large as hen's eggs; the specimens from which the microscopical sections were obtained were, however, comparatively small.—*British Medical Journal*, June 15, 1895.

ERYSIPELATOUS PLEURO-PNEUMONIA WITHOUT EXTERNAL ERYSIPELAS.—M. Papillon reports (*La Presse Médicale*) an instance of this in which, at the autopsy pericarditis, with a pale-yellow effusion not depositing fibrin and containing the streptococcus pyogenes, was found, and in the left lung the following observations were made: On the upper surface there was a small, thickened patch, reddish, and sinking in water; no adhesions; and about two hundred and fifty cubic centimetres of yellow pus, fluid and inodorous, separating readily into two layers; and in the bronchioles of this part a reddish, frothy mucus; while the mucosa was of a vivid-red color not found elsewhere. Although sought for during life, neither the pericarditis nor the pleural effusion had been found, perhaps owing to the fact that the affected surface of the lung was too thin to sensibly modify the breath-sounds. The physical signs observed during life were identical with those of a pleuro-pulmonary congestion. A

bacteriological investigation showed that the pus and the lung affected contained the streptococcus pyogenes, which is identical with that of erysipelas, and the only possible source of contagion was from one which occurred previously in the ward, and to which there was a definite exposure; and so the pleurisy and pulmonary lesion were both erysipelatous. The cardinal symptom wanting was an external erysipelas, which modern workers, especially M. Strauss (Rev. Mens. de Med. et Chir., 1879; Union Médicale, October 16, 1880), do not consider should always be present. This writer lays chief stress upon the insidious onset, rapid extension, the spread of the inflammation to the trachea, and the almost-complete absence of fibrin from the pulmonary exudation, and the general differences from true acute pneumonia. In Germany, among others, Friedreich considers erysipelas and *Wanderpneumonie* as arising from a common origin, which latter may be epidemic with erysipelas; it bears a striking resemblance to the *erysipelato-phlegmonous pneumonia* of Trousseau, and the *pneumonia erratica* of Wunderlich; both in Germany and France this doctrine has met with great opposition, and was only confirmed bacteriologically in 1890 by M. Mosny, working under M. Strauss, who had previously demonstrated the special pneumonia streptococcus. Very remarkable is the short period of incubation, at most but twenty-four hours. Two forms of lung mischief are met with: a streptococcal broncho-pneumonia,—a secondary focus from the primary infection,—and primary pneumonia due to the pneumococcus, with a secondary infection. The former is alone of moment, since the point to be demonstrated is the erysipelatous origin of the purulent pleurisy as shown here. As a secondary infection this has long been known in cases with an external rash. For the converse, M. Cuffer has published a case in which a rash appeared on the face on the fourth day. Previously the symptoms had been identical with those of the case now described, and which died on the fourth day. Most probably, the author thinks, the pleura was primarily invaded: but the patient, debilitated and an alcoholic, sank before the external symptoms could appear, as in the case of M. Potain related by M. Cuffer.—*Practitioner*.

THE ABOLITION OF A PROFESSORSHIP OF PATHOLOGY.—The Chair of Pathology has been abolished at the University of Michigan. Some time ago it was announced in the daily press that this action had been taken by the Board of Regents, but little credence was placed in the report, owing to the importance of the chair and the eminence of the occupant. Recent developments, however, have corroborated the newspaper account. Professor Heneage Gibbs

will be retired at the close of the present collegiate year, the Chair of Pathology will be consolidated with that of Practice, and the two subjects will be taught by one professor and an assistant.—*Physician and Surgeon*.

THE Barnes Medical College of St. Louis is to have a new building. A piece of ground 117 by 134 feet at Garrison Avenue and Chestnut Street has been purchased for \$16,000, and on this site a building to cost \$85,000 will be erected.

MULTIPLE PSEUDOMELANOTIC GAS-ABSCESSSES OF THE SKIN FOLLOWING ERYSIPELAS.—Zeller and Arnold report an instance of the above in a female patient aged 22 years. Following an attack of erysipelas, there occurred peculiar melanotic abscesses, as many as 650 during a year and a quarter. The abscesses, of various sizes, were limited to the cutis and subcutis, and were remarkable because of the formation of gas in the centre and because of the deep-black color of the abscess-wall. The pus had an odor resembling that of fecal abscesses. An incomplete bacteriological examination of the pus revealed the presence of streptococci and other indefinite cocci and bacilli. The histological examination showed that the pigment affected the connective-tissue and elastic fibres, the membrane of the fat-cells, the vessel-walls and contents of the latter, especially the red blood-corpuscles. These elements were partly diffusely discolored, partly laden with pigment-granules, which contained considerable iron. The formation of the abscesses is explained on the supposition that following erysipelas embolic foci of hæmorrhagic infarction and hæmatogenous pigment formation occurred, in which, under the development of gas, necrosis, pseudomelanosis, later suppuration, took place. Following incision, the individual abscesses healed rapidly, leaving a white scar. During the course of the affection there was present fever to the extent of 104° F. and above. The patient's general health was but slightly affected. Complications on the part of the internal organs did not occur, and the patient made a complete recovery.—*University Medical Magazine*.

At the annual meeting of the Alumni Society of the Medical Department of the University of Pennsylvania the following officers were elected: President, Traill Green; Vice-Presidents, Meredith Clymer, Claudius Mastin, Hiram Corson, William Hunt; Secretary and Treasurer, Joseph P. Tunis; Executive Committee, Horace Y. Evans, John Ashhurst (Jr.), R. A. Cleeman, Samuel S. Stryker, Roland G. Curtin, De Forest Willard, S. D. Risley, William Barton Hopkins, John B. Deaver, John H. Musser, Charles W. Dulles, Thomas R. Nelson, Judson Daland,

Harry H. Whitcomb, Elliston J. Morris, David B. Birney, B. F. Stahl, H. M. Hiller (Jr.), Alexander R. Craig, Collin R. Clark. The annual banquet was held immediately after the business meeting, Dr. R. A. Cleeman presiding. The following toasts were responded to: "The University," by Dr. William Pepper; "The Trustees," by Judge Pennypacker; and "The Alumni," by Dr. H. C. Wood.

PHYSIOLOGICAL RÔLE OF THE THYROID GLAND.—This subject has been summed by Notkine (Medical Week) as follows: Total thyroidectomy causes death of the animal, whatever its habits or the nature of its food. The death of an animal after thyroidectomy is due to the accumulation of one or more poisons in the system. This condition of toxæmia is termed cachexia strumipriva. The true auto-intoxication is much more marked when the animal is not fed.

The thyroid gland secretes a substance capable of decomposing or neutralizing toxic substances developed by the tissue-changes in the body. Exactly the nature of these poisons and of the antitoxin produced by the thyroid gland has not yet been determined.

The author has succeeded in extracting from the thyroid gland a poisonous substance which produces all the symptoms of cachexia strumipriva. This substance, when injected into the body of an animal, first appears to be stimulating, then paralyzing. Emaciation occurs if the doses are too small to be immediately fatal.

The author suggests that the colloid substance contained in cystic poisons is not a secretion from the thyroid gland, but is an accumulation of waste material within the body. It is the duty of the thyroid gland to rid the blood of the poisonous substances in it by storing them up in the cells of the glands where they are neutralized and rendered harmless, then eliminated.

THE Seattle General Hospital, of Seattle, Washington, was opened for the reception of patients on June 15th. The building has been thoroughly repaired and a modern operating-room put in. The Board of Governors have announced the appointment of the following staff, viz.: Diseases of Eye, Ear, Nose, and Throat, Dr. A. B. Kibbe; Neurologist, Dr. C. W. Sharples; Gynecologists, Dr. L. R. Dawson and Dr. Belle H. Smith; Diseases of Children, Dr. G. B. McCullough; Surgeons, Dr. James B. Eagleson and Dr. Alfred Raymond; Physicians, Dr. C. A. Smith and Dr. George Newlands; "Homœopaths," Dr. F. A. Churchill and Dr. Sarah Kendal.

DR. FANCOURT BARNES has been unanimously elected consulting physician to the Bristol Lying-in-Hospital.

A RARE FORM OF TOTAL CYSTIC DEGENERATION OF THE LIVER.—Z. Dmochowski and W. Janowski describe an enormously-enlarged liver, measuring forty by thirty-three by eighteen centimetres and weighing 10,850 grammes, composed entirely of a collection of cysts, so that almost no normal liver-tissue was to be seen. The kidneys were similarly affected. The liver-cysts varied in size from a pin-head to a small cocoa-nut; they were filled throughout with a clear fluid containing plates of cholesterin, some of them covered by the bile. Microscopical examination revealed an enormous increase in the connective tissue of the liver. The cells lining the gall-ducts were intact. Many of the cysts, both large and small, had thick connective-tissue walls; in the larger ones the epithelium could not be seen; in no case were broken-down partitions found. The liver-cells in the neighborhood of the cysts were much distorted by pressure.

According to the authors, this is a case of primary atrophic liver-cirrhosis, with secondary cystic fibro-adenoma, which began in the bile-ducts.—*Medical and Surgical Reporter.*

THE RAPIDITY OF REPRODUCTION OF THE UTERINE MUCOSA IN WOMEN AFTER CURETTEMENT.—Bossi, after a series of observations and experiments upon the uterine mucous membrane in women, with a comparative study of the same tissue in the dog to determine the rapidity of reproduction after curettement, formulates the following conclusions: 1. He found, in two women upon whom it was necessary (twenty-five and twenty-seven days, respectively), after curettement to do hysterectomy, a reproduction of the uterine mucous membrane histologically complete. 2. In a woman upon whom hysterectomy had to be performed fifteen days after curettement the uterine mucosa was found practically entirely reproduced, their being found, for some inappreciable cause, here and there tracts of deficient epithelial reproduction. 3. In seven cases under clinical observation it was noted that the mucous membrane of the uterus was capable of permitting the development of a fecundated ovum in the limits of a minimum of twenty-five days to a maximum of twenty-nine days after the curettage. After that number of days, in each of the seven patients, fecundation took place, followed by pregnancy and birth at term, with an uneventful puerperium. Bossi states, however, notwithstanding this, that a complete sexual rest of at least sixty days should be prescribed after all curettements. For, while the uterine mucous membrane is capable of fulfilling its physiological function of protecting and enveloping the fecundated ovum after the comparatively-short time noted in his observations, yet there is always an element of

danger in a pregnancy that follows a curettement of less than sixty days. There is in the reproduced uterine epithelium a condition of lessened resistance that leaves it more at the mercy of any intercurrent pathological condition or sudden traumatism.—*University Medical Magazine*.

ELECTED.—At the annual meeting of the Illinois State Medical Society officers were elected as follows: President, Dr. O. D. W. Graham, Chicago; Secretary, Dr. John B. Hamilton; Treasurer, Dr. George N. Kreider, Springfield. Resolutions were adopted denouncing the pharmacy bill now pending in the Legislature. The next meeting will be held at Ottawa.

BOOK REVIEWS.

Catalogue of the Pennsylvania State College, 1894-95. State College, Pennsylvania, 1895.

This catalogue is very full and contains, in addition to the usual formal and statistical material, a great deal of interesting material relative to the different courses and departments of the institution.

Annual Report of the Pennsylvania State College for the Year 1894. Part I. Departments of Instruction. Part II. Agricultural Experiment Station. Clarence M. Busch, State Printer of Pennsylvania, 1895.

The Pennsylvania State College occupies an important position in relation to the welfare of the Commonwealth, and this volume contains an extended description of the various departments of this seat of liberal and practical learning. In this institution attention is directed particularly to those sciences which lie at the foundation of the highest success in the work of developing the resources of a country. The principles of agriculture; chemistry as applied to agriculture and chemistry in general; biology; civil, electrical, and mechanical engineering; and physics are studied, which should be especially fostered in Pennsylvania, which is fortunate in its vast mining as well as agricultural interests. The claims of literature are, however, by no means overlooked in the State College. Latin and the modern languages are taught and there is also a department of music. The work contains a number of illustrations.

Gynecology. Diseases of the Reproductive and Nervous Systems of Woman Considered in the Direct and Indirect Cause, Symptoms, and Comparing Various Medical and Surgical Methods of Modern Treatment With illustrations. By ELEANOR FROST NEWTON, M.D., Member of the Medical Society of the County of New York, etc. Published by the Medical Monograph Company, 1891.

In this pamphlet are found brief descriptions in popular language of the commoner diseases or symptoms peculiar to women.

Annual Report of the Supervising Surgeon General of the Marine-Hospital Service of the United States for the Fiscal Year 1893. In two volumes. Washington: Government Printing-Office, 1894.

These volumes include accounts of the work of the department in caring for sick sailors and in aid of other branches of the government service, as the life-saving service, inspection service of steam-vessels, revenue-cutter service, and immigration service. They contain also special reports of the marine-hospital service, information concerning national quarantine stations, a history of the cholera epidemic of 1893, of the epidemic of yellow fever in the South in 1893, together with much valuable statistical matter.

Formulaire des Spécialités Pharmaceutiques, Composition, Indications Thérapeutiques, Mode d'Emploi, et Doses. A l'Usage des Médecins. Par le DOCTEUR M. GAUTIER, ancien interne des Hôpitaux, et F. RENAULT, Pharmacien de 1re classe, Lauréat de l'Ecole de Pharmacie. Paris: Librairie J. B. Baillière et fils, 1895.

Formulary of Pharmaceutical Specialties, with their Composition, Therapeutic Indications, Mode of Employment, and Doses. For the Use of Physicians. By DR. M. GAUTIER, former interne of the Hospitals, and F. RENAULT, Pharmacist of the first class, Laureate of the School of Pharmacy.

This useful compilation contains a mass of information regarding various specialties known and used in France, most of them, of course, but not all, being of French origin. The contents are well arranged and it is adapted to serve a good purpose as a handy work of reference. An index of the clinical applications is appended.

Annual Report of the Department of Health of the City of Chicago for the Year Ended December 31, 1894. ARTHUR R. REYNOLDS, M.D., Commissioner of Health, Chicago, 1895.

This report contains the vital statistics of Chicago, the deaths being classified by diseases, wards, and months,—a valuable point in regard to mortuary statistics. Full reports are included containing the contagious diseases which prevailed in the city during the year; the statistics of the Municipal Hospital are given. Information as regards the work of public vaccination, the municipal laboratory, methods of water- and milk- analysis also finds place in this excellent report.

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(Continued on advertising page 18.)

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CAPE MAY.

The following time-table is correct for August, 1895, via South Jersey and Royal Reading Route from Chestnut-Street and South-Street Ferries:—

DAILY EXCEPT SUNDAY.			
Lv. Ferries.	Ar. Cape May.	Lv. Cape May	Ar. Phila'da.
9.15 A.M.	11.10 A.M.	7.25 A.M.	9.10 A.M.
4.15 P.M.	6.00 P.M.	8.50 A.M.	10.40 A.M.
5.15 P.M.	7.05 P.M.	4.10 P.M.	6.10 P.M.
SATURDAY ONLY.			
1.00 P.M.	2.45 P.M.	4.10 P.M.	6.10 P.M.
SUNDAY.			
7.15 A.M.	9.15 A.M.	6.00 P.M.	8.10 P.M.
9.15 A.M.	11.10 A.M.	7.40 P.M.	9.40 P.M.

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Due notice of future changes will be promptly given.

VISCERAL STEATOSIS.—REPORTING CASES
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In the summer of 1894, having a case of emphysema in a very corpulent subject to whom I had been giving morphine and digitalis with some relief, I concluded to try the pokeberry and see if it reduced the

amount of superabundant fat upon the pathological condition present. The following is a true report of the case:—

In May, T. S. B., aged 48, native, came and complained of the usual symptoms of emphysema and cardiac weakness. Treatment: Morphine sulphate, gr. $\frac{3}{8}$, three or four times a day. Result: Some relief, but not satisfactory to patient, who still complained. His weight was at this time 230 pounds. In early July I put him on phytoline, m , x, half-hour before and one hour after meals. In three weeks he experienced much relief from the shortness of breath, and had lost in weight 10 pounds. Then I weaned him away from the morphine, and stopped the digitalis, but continued the phytoline. In six weeks he had lost 30 pounds, and had no aggravation of the emphysematous symptoms; in fact, he said that he hardly had any trouble at all, and, although his breathing was still a little short, the distress had entirely disappeared. In three months the weight was 180 pounds, and in October the phytoline was rapidly increased until a week later the remedy was entirely discontinued. His weight to date remains the same (180 pounds), and no recurrence of emphysematous or cardiac trouble has taken place.—Extract from an article by W. W. BAXTER, M.D.

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(Continued on advertising page 20.)

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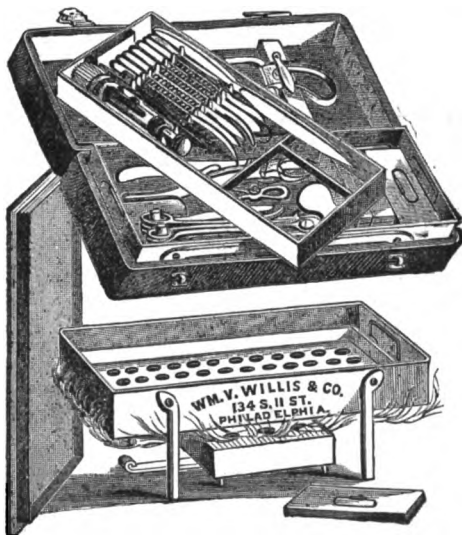
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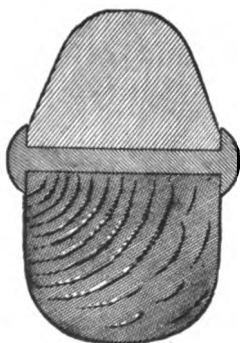


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THE MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XVII.

PHILADELPHIA, SEPTEMBER, 1895.

No. 9.

CLINICAL LECTURE.

*SUPPURATIVE GONORRHOÆAL ORCHITIS.**

By DR. A. ROUTIER,

Surgeon to the Hospital Necker, Paris.

GENTLEMEN: Among the men who come to our Clinic of Diseases of the Urinary Passages you are aware that many are the subject of recent or old gonorrhœa. I have already explained to you our habitual method of treatment by means of large injections of potassium permanganate, and will not now return to that point.

Urethritis, however, whether due to simple inflammation or the agency of the gonococcus, is frequently accompanied by complications. Among these scarcely any is more common than inflammation of the spermatic apparatus, generally known as orchitis. It is, nevertheless, not the gland itself, the testicle, which is the seat of disease in these cases, but its excretory duct,—the epididymis. This affection is sufficiently common, and I should not have thought of dwelling upon it had there not been at the present time in the ward Civile an unusual case of epididymitis, certainly of gonorrhœal origin, but attended by suppuration.

When the suppuration was manifest I thought myself mistaken, and was about to abandon the diagnosis of gonorrhœal epididymitis and look upon the case as of tubercular origin. Bacteriology, however, has thrown a flood of light upon the doubtful diagnosis and confirmed me in my first hypothesis. It is,

indeed, a gonorrhœal complication with which we have to deal.

You are acquainted with the usual course of gonorrhœal epididymo-orchitis. Toward the third or fourth week of a gonorrhœa, as a rule, the patient experiences a sensation of weight in the scrotum, more particularly upon one side. This feeling is soon followed by one of pain, which extends along the cord into the inguinal region, and sometimes ascends to the kidney. The pain rapidly grows more sharp and renders the upright position difficult or impossible. Swelling is also apparent. Localized at first toward the tail of the epididymis, it soon involves its entire extent and causes it to assume a larger volume than the testicle itself. The vas deferens is also swollen and, together with it, all the vascular and lymphatic structures which compose the cord. The cord loses its usual elasticity and is also painful upon pressure, especially in the inguinal part of its course. If we make a rectal examination,—which should never be omitted,—we find that the terminal part of the cord and the vesicula seminalis are also hard and painful. The inflammation early spreads to the envelopes of the testicle. The tunica vaginalis reacts in the manner of serous membranes elsewhere, and becomes distended with a more or less abundant serous effusion. The tunics of the scrotum are infiltrated, red, and thickened; the cutaneous folds disappear and give place to a tense, shining surface.

All these manifestations occur more or less quickly during the first week. The period of induration lasts from two to four days, when improvement begins and soon nothing is left but a tell-tale hardness of the tail of the epididymis, which sometimes persists for a

* Translated for the MEDICAL BULLETIN from *La Médecine Moderne*, No. 57, 1895.

long time. I may mention, by the way, the suppression of the urethral discharge at the time when the epididymis is attacked. If, however, the patient fancy that he is cured of his clap he will soon be disenchanted, for the pus re-appears as the pain and swelling of the epididymis vanish.

I have said nothing of the constitutional condition, for, ordinarily, it requires but little attention. Nevertheless, there is always a little fever, one or two nights of wakefulness, and more or less marked disorder of the stomach.

In fine, it is a mild malady which terminates always, or almost always, in resolution, and does not endanger life. This fact serves to explain that autopsies are rare, and the pathological anatomy of this affection is poor in evidence. For my part I have never made an autopsy of a case of gonorrhœal epididymitis.

According to Curling and Gosselin, Monod and Terrillon, I shall say to you that the urethral mucous membrane is inflamed; that the epithelial layer of the spermatic canals, the vas deferens, vesiculæ, and epididymis exhibit pathological alterations; that the cilia of the deferent canal are destroyed, that the vesiculæ contain pus globules, and that the fluid within the canal of the epididymis is thick and mixed with pus-cells. The connective tissue is infiltrated and cedematous, and displays little yellowish foci, due to distension of the conduits of the epididymis. In the vaginal tunic there is sometimes a yellowish fluid and, again, an adhesion to the tail of the epididymis.

If this affection, as a rule, follow a regular course of evolution; if, as a rule, it nearly always terminate in resolution; you must, nevertheless, be aware that in certain cases the inflamed epididymis becomes the point of least resistance, and that sometimes tuberculosis succeeds the inflammation. Such an occurrence is, indeed, rare. It is much more common for tuberculosis to attack the epididymis from the beginning, and manifest itself by the signs of chronic inflammation or, again, as an acute or subacute process.

Let me haste, however, to arrive at the principal object of this lecture,—the case of suppurative gonorrhœal epididymitis to which I would draw your attention. The patient is a man of 35 years, a *valet de chambre*, habitually healthy, without suspicious antecedents, and who came to the clinic on April 19th of

the present year on account of an epididymo-orchitis of the left side. His gonorrhœa was then recent, dating only from the 15th, and was his first attack. Without being particularly severe, the discharge had been quite abundant from the beginning, and the man complained that the disease had caused him much suffering. The left scrotum was red, swollen, extremely painful, and he cried out in pain when it was attempted to examine the testicle. I was, however, able to assure myself that the epididymitis presented nothing abnormal. There was nothing beyond the usual swelling and form. There was but little fluid in the tunica vaginalis. The cord was moderately enlarged. The corresponding vesicula seminalis was neither very much swollen nor very painful.

The pain of which the patient constantly complained was ascribed to his special sensibility. He was placed in bed, given a purgative, compresses saturated in boric acid were applied, and a morphine suppository inserted. At the time of my visit there was present the inventor of a suspensory—a very well designed apparatus, I will say—who was anxious that I should make a trial of it in the case. The suspensory exerted a very slight compression and, it was claimed, would permit the patient to walk without distress during the continuance of the orchitis. I saw no objection to its use, the bandage was applied, the patient was able to stand and to take a few steps, but he soon returned to bed.

On the following days the pain continued severe, the swelling increased, there was high fever, and, above all, the systemic condition was profoundly influenced; the patient lost flesh before our eyes, so much so that I thought I had to deal with a case of tuberculosis. What further confirmed me in this suspicion was the development, on the 1st of May, of an abscess involving the epididymis. This abscess was incised on the 2d, and the pus carefully collected by my excellent interne,—M. Benoit. As a special detail of the course of this abscess, which healed very rapidly, there came out two cores, formed by the tubes of the epididymis.

The bacteriological examination was very remarkable. I expected to hear that the pus contained Koch's bacilli. What was my surprise when M. Benoit assured me that there was not a trace of those bacilli, but that, on

the contrary, gonococci were found ! In the recent manual of clinical bacteriology, written by my esteemed hospital colleague, M. Wurtz, you may see that two authors, MM. Hugou-nencq and Eraud, have described in gonorrhoeal epididymitis a pathogenetic agent different from Neisser's gonococcus, and which they have called orchiococcus. I say nothing of other cases, but in the pus derived from the present case I insist that no other organism was present except the gonococcus of Neisser.

During the remainder of the clinical course the previsions due to the bacteriological examination were corroborated. From the time the abscess was opened the patient experienced the most marked relief, the fever left, pain disappeared, strength returned, and flesh was regained. In a week the man was transfigured, and left the hospital in a better condition than on the day of his arrival.

The demonstration of gonococci in the pus of this case appeared to me to have a very great importance from the point of view of the pathogenesis of the affection, still an altogether hypothetical subject.

You know that the idea of metastasis has been abandoned, but, although it is said that the inflammation extends from the urethra by continuity of the mucous membrane, no proof is given of that statement. I believe that we can furnish the proof to-day, and that it must be admitted the epididymitis is due to penetration of the spermatic passages by the gonococci. This theory, the proof of which is so difficult, serves, furthermore, to explain the chronicity and recurrence of certain gonorrhoeas.

It is probable, some say, that the ejaculatory ducts are infected, and that, under the influence of their secretion, a gonorrhoea which appears cured may spread, although there has been no fresh contagium. For myself, I think it certain that the gonococci may penetrate the spermatic passages and sojourn there without always causing orchitis, but being always ready to infect the canal under certain circumstances. This affords all the greater reason for combating the gonococci, and you know that, for this purpose, the potassium permanganate is an excellent remedy.

The treatment of epididymitis is simple enough, notwithstanding that many agents have been tried and certain specifics have been vaunted ; these have all shared the same fate.

Internal treatment is of little avail. When we have administered a purgative in order to overcome gastric disorder and constipation, when we have endeavored to keep the bowels open, either by injections or laxatives, thus avoiding congestion of the pelvis and the passage of hard matters over the vesiculæ seminales, we have done nearly all that is possible. Neither quinine sulphate, potassium iodide, nor tincture of pulsatilla seems to me to possess a very efficacious action. The dominant fact is the local inflammation, which it is, above all, necessary to treat.

At one time the application of leeches over the cord was highly esteemed. I do not advise you to use them. In the first place, gonorrhoeal patients are often anæmic, and it is not advisable that they should be still further enfeebled. Again, leech-bites are not always insignificant. I remember having had to treat a very serious phlegmonous erysipelas which placed the life of a young man in danger, and which had no other origin ; so that the unfortunate patient was much more ill from his treatment than his original disease. Leeches were formerly recommended for the relief of pain, but we now have more efficient remedies.

Very often, at first, the pain depends upon the intensity of the inflammation in the vaginal sac and the distension of the serous membrane by the effusion. In such case it is well to follow the practice of Vidal and Cassis and puncture the tunic. A thrust of an aseptic lancet will instantly relieve the patient. When the pain is violent, although the effusion is not large, we can make use of sedatives ; an opiate suppository or a laudanum injection will have a marvelous effect.

In ordinary cases put the patient to bed, keep the scrotum elevated by means of a firm support, and apply a sorbifacient lotion to the scrotum ; in most instances I make use of compresses saturated in a solution of boric acid, which the patient himself can renew from time to time.

Compression has been highly praised, effected either by a spica bandage or a caoutchouc suspensory. I have been little pleased with the result in the cases where I resorted to compression, and have never seen these methods produce the satisfactory results of which some authors speak. I have never seen patients suffering from genuine acute epididymo-orchitis able to walk without pain and pursue

their avocations. Very good, without doubt, in subacute and indolent cases, these measures are applicable to but a small number of cases. These considerations confirm me again in the belief that there is nothing absolute in pathology, that there is no medication or operation indifferently applicable to all cases, but that there exist indications which we must know how to discover and which, above all, we must obey.

When the inflammatory period has passed the patient should wear a suspensory and the gonorrhoea should be treated.

It is certain that in exceptional cases, as that which is the subject of this lecture, it will be necessary to concern ourselves with the fact of suppuration, to open the abscess, and to treat it antiseptically upon general principles. I myself am particularly fond of irrigations with carbolyzed water and iodoform dressings, but any other antiseptic procedure may be employed.

It remains for me to tell you what becomes of these patients from the genital point of view. It is probable that, as Gosselin says, the gland is disabled, and for a long time. It may, however, as many writers have shown, regain its functions; but when it happens, as is not uncommon, that both testicles are attacked and relapses have involved one or both glands, I believe that the generative function is lost. If I may depend upon clinical observation, I should tell you that such patients remain impotent. I have said that there escaped from this abscess one or two cores in which seminal ducts could be recognized. This is a very bad prognostic feature for the ulterior function of the gland, but his right testicle is sound, and we may not say *testis unus testis nullus*,—a single testicle is no testicle.

THE Eye and Ear Hospital of Pittsburgh was recently opened. The managers have secured the large and commodious building, No. 945 Penn Avenue, which has been thoroughly fitted for the care of patients requiring hospital treatment. Private rooms have been prepared for those patients who are able to pay for their accommodation, and bright and cheerful wards for the worthy poor. The executive surgeons will be in attendance at the hospital daily. The hospital dispensary will be open (to the poor only) from 3 to 4 P.M. daily (Sunday excepted).

ORIGINAL COMMUNICATIONS.

A CASE OF PEMPHIGUS.

By J. V. SHOEMAKER, M.D., LL.D.

THE following history was given by a patient of the Skin and Venereal Clinic of the Medico-Chirurgical Hospital:—

John W., 41 years of age, white, married, a hide-salter. Eleven days previously he had first noticed an eruption upon the scalp, occupying a situation at the anterior portion of the vertex of the head. His attention was called to the spot by a feeling of soreness. His wife looked at the scalp and perceived a number of blisters about the size of a pea. Within a day or two the entire top of the head was covered by similar lesions. They next appeared upon the cheeks and, later, on the forehead and chin. The blebs were filled with a clear, straw-colored fluid. In the course of three or four days after their advent the blisters broke and the fluid escaped and dried into scabs. During the past week blebs had made their appearance upon other parts of the body and had undergone precisely the same course of evolution.

The patient had always enjoyed good health until a year ago, when he suffered from a severe attack of inflammatory rheumatism. He is unaware of any family tendency to that disease. The attack seemed to be due to exposure. His appetite is good, his bowels are regular, and his general health unaffected. He has never before had any disease of the skin. The man is of temperate habits.

Present Appearance.—The vertex of the scalp is covered with yellowish crusts. Upon the forehead, cheeks, and chin are dried scabs much larger than those upon the head. In some places it can be seen that neighboring lesions have coalesced. Some of the scabs are yellowish in color, while others are almost black. Around the base of the neck, over the clavicles, is a series of broken blisters. The epiderm having been entirely detached by friction of the clothing, raw and bleeding surfaces are exposed. A few scabs are seen upon the abdomen and anterior surface of the thigh. Upon the front and inner side of the left thigh, about three inches below the femoral ring, is a typical bleb, the size of a hazel nut, filled with straw-colored fluid. Only a single

lesion exists below the knee, situated at the junction of the upper with the lower two-thirds of the right leg. Lesions in different stages of progress are present over the buttocks and down the back of the thighs. Over the crest of the right ilium, near the sacro-iliac symphysis, is a large, raw, and bleeding surface covering about two square inches. This is the most extensive lesion upon the body. Scabs from broken blisters are found in both axillæ and behind each ear.

In approaching the diagnosis of any case of skin disease it is of importance to be able to recognize the typical primary lesion. In the present case the history and inspection of the lesions concur in demonstrating that the first manifestation appeared in the form of blebs,—in other words, enlarged vesicles or blisters. This fact being established, the next question which arises is: Of what diseases are blebs characteristic or in the course of what diseases may they appear? Before attempting the solution of this question, however, we must not fail to exclude those cases in which blebs do not indicate the presence of a veritable disease, but have been caused by artificial or accidental means, through chemical or mechanical agency, as by vesication, caustic substances, friction, or pressure. Such influences are capable of producing localized inflammation, with the formation of blebs or bullæ, but the lesions are not indicative of a generalized disease *sui generis*. Again, it must be remembered that artificial blisters may be excited by malingerers. In this patient the above possibilities may be eliminated. The number and distribution of the lesions are evidence that they depend upon the action of a general cause. The temperament and position of the man forbid the supposition of a feigned disease. He is a working-man with a family to support, and to him loss of time is loss of money. A peculiarity which especially attaches to cutaneous disorders may be remarked in this man, presumably not an individual of excessive sensitiveness or vain of his personal appearance. He has avoided going on with his customary occupation not on account of illness or an enfeebled condition, but solely to avoid the remarks and questions which such an eruption is sure to excite.

Bullæ constitute the typical lesion of pemphigus. Vesicles which may enlarge to the size of blebs are characteristic of hydroa.

The blisters of pompholyx may, by confluence, attain the size of bullæ. There are other affections of the integument in which large blisters may develop, but they are preceded and accompanied by other pathological alterations of more constant presence and superior diagnostic import. Blebs occur in syphilis, urticaria, erysipelas, eczema, herpes, impetigo contagiosa, scabies, and leprosy; but in these diseases the blebs are inconstant, more or less transitory, and, in themselves, of minor significance.

In syphilis blebs are met with at two periods,—in the inherited and contracted forms of the disease. Of the former it is unnecessary here to speak. In acquired syphilis the bullous syphilide—or syphilitic pemphigus, as it is sometimes, but objectionably, called—occurs long after primary infection and only in debilitated subjects. The bullæ are situated upon an infiltrated surface and are surrounded by a copper-colored areola. The eruption in most cases spares the face. After rupture there is left, in syphilis, not simply a raw surface or incrustation, as in true pemphigus, but an ulcer which is more or less deep in different cases. When the ulcers are superficial the scabs are flat and easily removed. Deep ulcers are covered by peculiar scabs,—thick, laminated, conical, and greenish brown in color. In syphilis, moreover, we can generally obtain a history of early eruptions, sore throat, and an initial sclerosis. The lesions of hydroa may attain considerable size, rupture, and become covered with scabs, and in these respects may resemble those of pemphigus. Hydroa is, however, accompanied by decided itching, together with burning sensations, while these manifestations are absent in pemphigus. Pompholyx is usually confined to the fingers and palms of the hands, though in some cases it appears upon the soles of the feet and on other portions of the body. The vesicles may rupture or the fluid may be absorbed. Pompholyx is followed by desquamation. A rare form of nettle-rash—urticaria bullosa—is marked not only by the development of large wheals, but also of bullæ. The mixed character of the eruption is sufficient to distinguish it from a case like that of the present patient, in which we distinguish only the formation of a bleb, with secondary lesions as a result of rupture. Urticaria bullosa is accompanied by the severe itching and smarting characteristic

of the more ordinary form of the disease. Blebs not infrequently occur in erysipelas, but they are seated upon an inflamed surface of a typical color, and are evidently but an accidental complication of the eruption. Impetigo contagiosa is a disease of childhood, and the blebs are transformed into pustules. The vesicle and blebs of herpes iris are of various colors, concentrically arranged and surrounded by a red areola. In leprosy the cutaneous anæsthesia and other manifestations of the disease, in addition to blebs, are distinctive features.

There can be no hesitation, therefore, in looking upon the present case as one of pemphigus. The typical lesion, the mode of evolution, the incrustation, and the superficial raw surfaces all point to that affection. The bullæ are formed between the cells of the rete mucosum or between that layer and the corium. They usually consist of but one cavity, but occasionally they are divided into compartments by fibrinous bands.

Pemphigus is a rather rare disease of the skin. It exhibits itself in two distinct varieties,—pemphigus vulgaris and pemphigus foliaceus. Of these pemphigus vulgaris is the more common form, and may be either acute or chronic. The present case is an example of the acute type of pemphigus vulgaris. The rapid establishment of the disorder is much more rare in adults than in children. In young subjects it may run its course in two or three weeks, and has been known to occur in the form of an epidemic, in which event purulent conjunctivitis is apt to occur as a complication. An attack of pemphigus may be preceded and accompanied by constitutional symptoms, or, as in the present instance, may be free from any decided prodromes or systemic disorder. In the beginning there is often a feeling of malaise; there may be chills with fever, headache, and gastric irritability. In some cases delirium has been observed. The development of blebs may or may not be preceded by erythematous spots. There is no defined zone or areola around the lesions, although there may be a slight redness. They may or may not give rise to itching and burning sensations. In some instances itching is so troublesome as to mark a form known as pemphigus pruriginosus. As a rule, pemphigus does not develop upon the scalp, but, in the case which forms the basis of this paper,

the first manifestations occurred in that situation. The lesions may be few or many in number; they range in size from a pea to a hen's egg, hemispherical or oval, tense at first, becoming flabby as they lose their contents by absorption. Sometimes their fluid becomes sero-purulent, and sometimes it is reddish or dark from effusion of blood. They may also rupture and scabs may form, or, if these are rubbed away, raw, bleeding, excoriated surfaces may be left. Dark stains upon the skin indicate, for some time after recovery, the former presence of the lesions. The average duration of individual lesions is from two to eight days, and the disease continues by the successive development of series of blebs. Pemphigus may attack mucous membranes. It has been observed in the mouth, and many distinguished oculists attribute so called essential xerosis of the conjunctiva to localized chronic pemphigus of that membrane.

The constitutional effects of this malady depend very much upon the state of the patient's health at the beginning of the attack. In strong subjects little depression may be occasioned, but in debilitated persons the disease assumes a malignant form. The lesions are large, their contents are apt to become purulent, great debility is produced, and the case may have a fatal termination.

Pemphigus foliaceus is a decidedly chronic affection. The blebs are less tense than in the ordinary variety, the cuticle is detached and hangs in shreds, and the surface beneath is raw, fissured, or covered with crusts. It generally appears first upon the front of the chest, but gradually spreads until most of the body has been invaded. On account of the condition of the skin, movements are painful. The hair becomes thin and the nails friable. The health is impaired. There may be fever, the appetite is lost, diarrhoea may occur, and the case generally ends in death, sometimes within a few months from the beginning of the disease.

A still rarer form, known as pemphigus vegetans, has been encountered, principally in Germany, though one case is known to have occurred in England and one in this country. Pemphigus vegetans usually begins in the mouth. The lesions next develop upon the skin, rupture, and leave chronic, superficial ulcers which, in moist situations, as the axillæ and groins, become covered with papillary

excrecences and a muco-purulent discharge. This variety is always fatal.

Pemphigus foliaceus is liable to be mistaken for eczema rubrum or pityriasis rubra. The absence of infiltration, the successive formation of blebs, and the comparative freedom from itching, together with the serious systemic manifestations, distinguish pemphigus from eczema. In pityriasis rubra there is abundant exfoliation, but no bullæ.

Pemphigus occurs in all countries, but is less common in the United States than in Europe. It may develop during any season of the year and seems to be independent of atmospheric conditions. Infants and children are more frequently attacked than adults, though no age is exempt. Epidemics of pemphigus have been observed among children. This fact would appear to indicate that the disease is of a contagious character. It is, indeed, communicated in some instances by direct contact. In most cases, however, a contagious element is absent. Cases have also been met with in which it seemed probable that the disease had been communicated to children from cows. Attempts which have been made to discover a specific micro organism have, however, failed. The disease generally develops in those whose systems have, in some manner or other, become debilitated. This circumstance points to a constitutional origin. In children pemphigus has been known to follow scarlet fever or measles. Derangement of the nervous system may be succeeded by an outbreak of pemphigus. Fright, anxiety, exhaustion from overwork, or excesses have been known to produce an attack. In some instances this disease has been consecutive to injury, and in others it has accompanied organic disease of the spinal cord or peripheral nerves.

In the patient, John W., no definite information can be obtained as regards etiology. The man had been at work every day, as usual; had not been conscious of any ailment; had suddenly, and without any prodromal symptoms, been attacked by what is undoubtedly pemphigus, and the course of the malady has been singularly free from constitutional manifestations. Whether we should ascribe any influence to the rheumatism is very doubtful, inasmuch as the greater part of a year had elapsed since his recovery. The occupation of the patient fails to account for the occur-

rence of pemphigus. His work might give rise to a localized eruption, but scarcely to a generalized disease of the skin, one which, moreover, depends upon a constitutional cause. Decomposing hides might produce serious mischief, but the man exhibits no positive sign of toxæmia.

There are several distinct points of interest in this case. The aspect and evolution of the lesions are characteristic of pemphigus. Nevertheless, with an abundant eruption we find little or no constitutional disturbance. A marked symmetry is perceived in the arrangement of the lesions. They are found upon both cheeks, behind both ears, in both axillæ, in situations nearly corresponding upon each thigh, and upon both buttocks. The lesions stand out in abrupt contrast to the adjacent skin, and are surrounded by no red areola.

Although the patient asserts that his general health has been unimpaired (and his statement to this effect must be accepted), nevertheless he is not a man of robust physique. Most cases of pemphigus require hygienic attention, nutritious diet, and a tonic regimen; nor do I think that this man is an exception, though depression is less marked in him than in the majority of patients. Many, in fact, require stimulation, either in the form of malt-liquors or spirits. In some acute cases, attended by considerable febrile movement, benefit may result from depletion, but, as a rule, corroborant treatment is to be preferred. Codliver-oil and substances rich in oil, as linseed-meal, are often of decided efficacy. Quinine, strychnine, hoang-nan, and the mineral acids are serviceable drugs to employ. Iron will generally do good if it can be tolerated by the stomach. Arsenic is of value and may be given as arsenious acid, Fowler's solution, or, as I generally prefer, as arsenite of sodium in small doses. I have had good results in pemphigus from the use of chlorate of potassium in large doses. Pain may be controlled, if necessary, by opium. In order to allay restlessness and itching antipyrin has been employed with good effect.

The lesions need local treatment. It is better to anticipate spontaneous rupture by puncturing the vesicles and afterward dust them with some mild and desiccant powder, such as subnitrate of bismuth or calamine. In some cases the powdered oleate of zinc weakened with starch will answer a better pur-

pose. Similar ointments may be preferred. An ointment containing naphthol mitigates itching and pain. If the excoriations do not heal readily, a weak mercurial ointment may be used or the surface may be touched with a feeble solution of nitrate of silver or sulphate of zinc. When the lesions are numerous and large, baths, either simple or medicated, afford great relief. The water should be tepid or warm, and may be medicated with bran, starch, gelatin, or bicarbonate of sodium. In severe cases Hebra and Kaposi have used the continuous bath with excellent results, but the method is troublesome, requires a special tub, can only be used in hospitals, and, probably, would not be tolerated by many patients in this country. Weak mercurial baths have been employed, and tar is a good addition in cases attended by intense itching.

The foregoing are the principles upon which the general and local treatment should be based. The particular agents named, and others which possess similar properties, may be selected or combined according to the indications of each individual case.

From what has been said it will be inferred that the prognosis of pemphigus varies very much according to the conditions present. The disease is apt to be obstinate, but pemphigus vulgaris in vigorous subjects generally ends in recovery. In old persons, in complicated cases, and in pemphigus foliaceus the outlook is less favorable.

A DAY IN THE SKIN DISPENSARY OF THE MEDICO-CHIRURGICAL HOSPITAL IN AUGUST.

By J. M. KOCH, M.D.,

Instructor in Skin and Venereal Diseases, Medico-Chirurgical College.

THE heated season increases or ameliorates the severity of many symptoms of the various dermatoses. Just as the bacilli causing the stomach and intestinal complaints of children are favored in their development both internally and externally by the additional heat and moisture, as well as the errors of diet and hygiene, so many of the eczemas, erythemas, seborrheas, herpetic eruptions, and parasitic diseases are increased in severity by the more favorable conditions for their development. Or, again, as the increased heat and body-transpiration often come to the relief of the

overtaxed kidneys and those suffering from diseases of this organ are better in summer, so we find that the ichthyoses, congenital prurigos, psoriasis, and the chronic lichens ruber and planus are much improved, the integument softer and less infiltrated, what sudoriferous glands are left, functioning, and, indeed, in some of the less developed cases the condition of the integument almost normal.

The condition of the skin in a healthy person in summer, when exposed to a moderate degree of heat, is reddened, the superficial blood-vessels surcharged; consequently there is an increased escape of the watery constituents through the sudoriferous glands, making the skin soft, moist, and pliable. The sebaceous glands are more active, producing, when in the excess of disease, the well-known greasy condition of seborrhoea oleosa. The hair-forming apparatus and all the appendages of the skin are stimulated by the increased nutritive blood-supply. We can readily see, then, how, by prolonged exposure to the rays of either natural or artificial heat, a physiological condition may become a pathological one, producing the various degrees of dermatitis, leading, in some extreme cases, to ulceration and loss of tissue. If the bacillary origin of many of the eczemas be accepted, the heightened degree of surface moisture would favor their development.

The unknown quantity called diathesis, or individual disposition, plays a very important part in the etiology of skin diseases, either in summer or winter. We often find years elapsing between the attacks. There are several cases of localized eczema—one of the axilla, another of the hand—in young men, who had had eczema universale infantilis, now under observation. The diathesis, however, often resolves itself down into some error of diet or hygiene, and then our prognosis is accordingly good.

With these few preliminary remarks, I wish to pick out a few cases, of more or less interest, at random from our service, describe their lesions, and add the treatment recommended.

John P., aged 45, laborer in iron foundry, where he is exposed to direct artificial heat. Covering the back, chest, and both arms are small, discrete, red papules, from the size of a pin's head to that of a pea, in places thickly grouped. The itching is intensely persistent.

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✦ ✦ NEURALGIA. ✦ ✦

THE one great characteristic of all varieties of neuralgia is debility of the nervous system, and whatever tends to produce structural or functional enfeeblements of the nerves induces neuralgia, hence all the causes inducing loss of nerve power may be cited as causes of neuralgia. This affection, when not directly the result of some physical cause interfering with the integrity of the nerve system in which the pain is situated, is invariably due to loss of nerve power. Its very existence is evidence of deficient energy. The remote factor may be malaria, syphilis, rheumatism, gout, or any other cause capable of devitalizing the organism, and as a consequence that of the nerves also. Our remedial measures should therefore be directed principally to improving the nutrition of the nervous system generally, and to the removal of any constitutional taint that may be present. The first indication is filled by CELERINA and a generous diet. In facial neuralgia and brow ache it should be administered in connection with quinine, or other tonic remedy, and if malarial influence be suspected, full doses of some reliable anti-malarial remedy should be given. The CELERINA treatment is also applicable to sciatic and spinal neuralgias. Neuralgia in men is frequently an expression of loss of nerve power, and the direct consequence of dissipation and excesses of various kinds, but over-work and intense intellectual exertion will also produce it. Where the pain is located is of little moment, the treatment should be general. In these cases CELERINA seldom fails to give relief. Women suffer more frequently and more intensely from neuralgia than men. They are liable to be affected by all the causes which induces it in men, besides the derangements in health associated with menstruation—menorrhoea especially. Hyperfecundation (rapid child-bearing), frequent miscarriage, hemorrhage, prolonged lactation and changes occurring at the climacteric period of life, all tend to induce a neuralgic condition of the nerves. The general treatment should be directed to the removal of the cause whenever this is possible. In these cases CELERINA, combined with ALETRIS CORDIAL will be found to exercise a magical influence.

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On the forehead, extending from the margin of the hairy scalp to the root of the nose and the eyebrows, are various-sized pustules, the largest the size of a pea, situated on a reddened, hot, erythematous surface, and causing a burning sensation which is at times quite painful.

The patient was ordered to quit his work, the pustules were opened, the pus evacuated, and the cavity washed with solution of hydrogen peroxide.

The following ointment was then applied:—

R Acidi borici, . . . gr. xx.
Pulv. marantæ, . . . ʒij.
Ung. zinci ox. benz., . . ʒvj.

On the chest and arms the following lotion was ordered:—

R Creasoti, ... ℥xx.
Bismuthi subnit., . . . ʒj.
Liq. calcis,
Aq. hamamelis dest., . . ʒiij.

Dora B., aged 14, button-sewer. Five days previously she noticed the beginning eruption of vesicles on her forearm. At present, on both forearms, situated on the inner surfaces just above the wrists, are patches of minute vesicles, thickly grouped, on reddened, erythematous surface, causing the most intense itching and desire to scratch. On the lower limbs and body are similar grouped vesicular patches which made their appearance about the same time and weep freely. In places are yellowish, sticky crusts, which when lifted expose an angry, oozing surface. The patient is very white and anæmic, the lips and mucous membranes bloodless. She does not complain of any stomach or intestinal trouble, bowels regular. The following was ordered: Tr. ferri chloridi gtt. x three times daily, and this lotion externally:—

R Creasoti, ... ℥xv.
Calaminæ, ... ʒj.
Liq. calcis,
Aq. hamamelis dest., . . ʒiij.

Chas. V. H., aged 75. Situated on the left thenar eminence, and covering the space of a silver half-dollar, is a depressed ulceration, the surface of which is red, granular, excreting a thin, glairy fluid, bleeds easily, and is the seat of sharp, shooting pains. The borders of the ulceration are regularly round, hard, infiltrated, and bleed easily. On the external aspect of the middle third of the right thigh is another epithelioma presenting the same

clinical history as the one above, but larger than a silver dollar in area. Patient states that they have existed for eight years and that a wart pre existed in each location.

This case is one of singular interest, firstly, because in the great majority of cases the epithelioma is unique; secondly, because of the history of warts preceding the development of the affection; thirdly, because of the absence of glandular involvement and the excellent and robust condition of the patient, who is six feet high and weighs in the neighborhood of two hundred pounds. The following ointment has yielded excellent service in the few weeks he has been under treatment. The patient also states that the pains have been more unfrequent and less painful in character:—

R Resorcini, ... ʒss.
Pulv. marantæ,
Plumbi carb., ... ʒij.
Ung. zinci ox. benz., . . ʒj.

Flora D., aged 16. This is a case of particular interest, known as keratosis pilaris, or plugging of the pilosebaceous follicles, caused by an hyperkeratinization of the epithelial elements, with, in places, consequent atrophy and cicatrization of the pilosebaceous glands. In this case, which is well marked, the inflammatory process has involved many of the glands themselves, where, as a rule, simple congestion about their walls is the pathological condition found. The lesions are small, light-red papules, pin-head size, and some a little larger, many of them pierced by a hair. They are slightly raised above the surface on the arms, but on the lower extremities are more conical, of a dirty appearance, and give a rough, nutmeg-grater feel when the hand is passed over them. Some of the lesions are covered by a white, adherent scale; the intervening skin is normal. The itching, in this case, is well marked, and causes the patient considerable distress. She states that it has existed for a number of years. The patient feels well and strong, does not complain of indigestion, but looks thin and rather weakly nourished. Her color is the pale white of anæmia; the lips and mucous membranes are white and bloodless.

Hyde states that he has found the disease usually affecting healthy, robust adults, and he considers it "a sign of unusual healthy vigor." That it may be due to a peculiar morbid con-

dition, or want of tonicity of the glandular system of the skin, allowing the epithelial elements to accumulate at the mouths of the ducts, is found in a series of cases, of which the foregoing is a good example. The patient was ordered syr. ferri iodidi gtt. xx three times daily, and the following unguent:—

R Beta-naphthol., . . .	gr. x.
Bals. Peruvian., . . .	3j.
Lanolini, ...	3ij.
Ung. aq. rosæ, ...	3vj

706 N. TWENTIETH STREET, PHILADELPHIA.

ABSTRACTS.

DANGERS OF THE CREASOTE TREATMENT AND THEIR AVOIDANCE.

From a paper by Dr. R. Seifert, published in the *Deutsche medizinische Zeitung*, we extract the following:—

Since the failure of tuberculin creasote has been our favorite remedy in the treatment of tuberculosis. This has been largely due to the writings of Sommerbrodt, who calls attention to the inefficiency of the small doses usually exhibited, and showed encouraging results from amounts greatly in excess of them. His researches are well known, and have been frequently quoted and referred to in the literature of the subject. In a recent article on "The Creasote Treatment of Phthisis" Dr. Flintzer details the results obtained by the creasote therapy in the Jena Medical Clinic, and concludes that treatment by large doses of creasote, in cases of phthisis that were not too far advanced, caused marked improvement not only in the general condition, but in the local processes also. In almost every case the appetite and general condition got better. In advanced cases, of course, this, like all other therapy, was useless. Given in large doses and for long periods of time, Flintzer believes it to be the most promising treatment.

Though Sommerbrodt has taught us to regard this drug as fairly innocuous, there have not been wanting recently warning examples of the dangers of the creasote therapy as ordinarily employed. Thus, Professor Stoerk, the Vienna laryngologist, writes:—

"I cannot help noticing the enormous number of cases that I see, both in my clinic and in my private practice, of half-moribund pa-

tients who show me their tattered prescriptions containing creasote in every imaginable form and dose, and tell us that since they have been taking the drug their appetite has entirely vanished; the nourishment that they can take has sunk to a minimum; they have emaciated terribly, and have been excessively plagued with coughs and night-sweats. 'I cannot get the nauseous taste of creasote out of my mouth,' is their constant complaint. But they had heard of the many tuberculous patients who had been cured with creasote; they cling to the specific, in which their belief is unshakable. I do not hesitate to affirm that all patients who take creasote with repugnance, who have the creasote taste continually in their mouths, and who have nausea or even vomiting after its ingestion, lose their ability to take nourishment in consequence thereof alone."

Thus, we find in the most recent literature confirmations of the good results obtained from the creasote therapy, coupled with warnings of its frequently evil results. There can be no doubt that these opposing judgments both rest on correct observations; the curative and the poisonous effects of long-continued and large doses of beech-wood creasote are undeniable.

Only that small minority of our phthisical patients that has quite healthy and very resistant digestive organs can get the full benefit of the creasote therapy. In the others its poisonous by-effects neutralize its curative properties.

These by effects are due to the caustic and irritant properties of beech-wood creasote and guaiacol. They would disappear if those properties could be eliminated.

Together with Hoelscher, I showed, several years ago, that guaiacol carbonate was free from these irritant and poisonous properties and by-effects. Chaumier proved the same for creasote carbonate (creasotal).

Guaiacol carbonate and creasotal react indifferently to the most delicate mucosæ, and have absolutely no caustic effects. This can be proven very simply. A drop of creasote or guaiacol causes a sensation of intense burning when placed upon the tongue, which is characteristic of caustic substances, whilst guaiacol carbonate does nothing of the kind, and creasotal has a mild, oily taste. Both of these carbonates are practically non-poisonous,—indifferent to the mucous membranes of the digestive organs. Daily doses of 1 to 3 tea-

spoonfuls of creasote carbonate are the rule,—a quantity that would cause death by gastro enteritis if creasote were employed. The by-effects are absent and only the curative properties come into play. Sommerbrodt's dictum—"Creasote is the more useful, the more of it can be borne"—finds its especial application in the employment of creasotal and guaiacol carbonate.

The tolerance displayed by these two carbonates depends on: 1. The absence of caustic and poisonous properties. 2. The absence of the intensely nauseous creasote taste and odor. 3. The fact that resorption takes place not in the stomach, but in the intestines.

Even very sensitive patients, who cannot take creasote at all without the supervision of vomiting, diarrhoea, etc., bear creasotal very well, especially when they begin with minimum doses of 5 to 10 drops and gradually increase to 50 drops daily. Patients whose digestive organs are in even moderately good condition can take creasotal by the teaspoonful, either pure or with 10 parts of codliver-oil, or combined with milk, or with Tokay wine or Madeira. For patients with very intolerant digestive organs or with intestinal tuberculosis I prefer the guaiacol carbonate to the creasotal, it being absolutely free from odor or taste and never causing nausea or vomiting in doses of $7\frac{1}{2}$ to 25 grains, twice daily. It is well, in fact, to change off from time to time between creasote carbonate and guaiacol carbonate to avoid "fatiguing" the digestive tract.

The experience of four years has settled the fact that creasotal and guaiacol carbonate are free from the noxious by-effects of the plain creasote, and exhibit only the therapeutic properties of the drug.

Stoerk and others have shown that beechwood creasote causes nausea and even vomiting; that it irritates and injures and finally destroys the digestive organs, causing nutrient absorption to sink to a minimum, with consequent loss of weight and extreme emaciation. Guaiacol carbonate and creasotal, on the contrary, cause prompt improvement in the appetite and the general nutrition, there appearing an increase in weight even after a very few (two) weeks,—“sometimes advancing with marvelous rapidity” (Chaumier). Whilst creasote destroys the digestive apparatus by causing chronic inflammation thereof, creasotal and guaiacol carbonate tone it up and stimulate

it. The neutral, indifferent carbonates cause neither irritation nor inflammation of the stomach or intestines; but abnormal fermentation and decomposition processes are stopped, and digestion is restored to its normal condition. Corresponding to the improvement in nutrition appear the other effects of these carbonates,—lessening and disappearance of the cough, expectoration, fever, night-sweats, râles, areas of dullness, etc.

These happy results are not, however, due entirely and alone to the absence of the noxious by effects. As we have remarked above, absorption takes place not in the stomach, as with creasote, but in the intestines; and it is so slow that the entire organism is kept continuously under the influence of the drug.

Whilst creasote itself is rapidly absorbed by the stomach when introduced into that organ, creasotal and guaiacol carbonate pass through that organ unaffected. They only become absorbable after they have again split up into carbonic acid and creasote or guaiacol. This decomposition, like that of the fats, takes place slowly,—in the intestines,—animal experimentation showing the presence of these carbonates throughout the entire length of the small intestine after their ingestion. Absorption takes place continuously and in small quantities.

Creasote in the ordinary form is quickly absorbed and its action is short and violent, followed by a long pause; guaiacol carbonate and creasotal act continuously and mildly on the digestive tract and the entire organism. And this continuous absorption is a necessary condition for their therapeutic effect, as Hoelscher demonstrated a few years ago.

CITROPHENE, A NEW ANTISEPTIC AND ANTI-NEURALGIC REMEDY.

Citrophene is a substance discovered by J. Roos, of Frankfort. It is a combination of citric acid with parphenetidin. Citric acid being tribasic, three groups of phenetidin are required for its complete saturation. The molecule of citrophene, therefore, contains two more groups of phenetidin than the molecule of phenacetin or lactophenin. As in these combinations it is especially phenetidin which possesses the analgesic and antipyretic action, we may anticipate that citrophene should prove more energetic than phenacetin and lactophenin.

Citrophene is a white powder, similar in the form of its crystals and its taste to citric acid. It fuses at 181°C . (357°F). It dissolves in 40 parts of cold water and 50 parts of boiling water. It may be given in solution by the mouth or hypodermatically, thus possessing a decided advantage over phenacetin, which is soluble only in 1400 parts of water, and lactophenin, which dissolves in 340 parts. Acids and alkalies decompose citrophene into its constituent parts.

M. Benario, of Frankfort, has reported the results of his experience with this substance. After having assured himself, by experiments upon animals, of the complete innocuousness of citrophene he began its clinical use. It has antipyretic and analgesic power; at the same time, it is refrigerant on account of the citric acid which it contains. The author gave the remedy in doses of 50 centigrammes to 1 gramme (8 to 15 grains) to seven typhoid-fever patients. Reduction of temperature by 2° or 3°C . was observed at the end of two hours, and at a stage of the disease when the temperature has a tendency to elevation. No secondary phenomena occurred. When citrophene was administered in the evening the patients enjoyed a calm sleep,—an evidence that the compound has also a sedative action, a fact which was, moreover, demonstrated in other cases. The fever of tuberculosis was likewise favorably influenced by citrophene. In gastritis it relieves pain and reduces temperature. It is, furthermore, of service in migraine and neuralgia in doses of 50 centigrammes and less. Citrophene may be given in daily doses of 6 grammes ($1\frac{1}{2}$ drachms) without any inconvenience.—*La Médecine Moderne*.

LACTYLTROPEINE.

This product, which has a stimulant influence upon the heart and respiration, results from the action of lactic acid upon tropeine, in molecular proportions. It presents itself in the form of white, crystalline needles which fuse at about 74° to 75°C . (165.2° to 167°F). It is readily soluble in water, alcohol, ether, and chloroform. The nitrate and the hydrochlorate dissolve easily in water and alcohol. The iodohydrate is soluble in water, but dissolves with difficulty in alcohol. The nitrate will be preferable for therapeutic employment.—*La Médecine Moderne*.

TOXICITY OF CADMIUM SALTS.

MM. Langlois and Athanasio reported to the Biological Society that they had studied the action of cadmium salts upon cold-blooded animals. If cadmium sulphate, in the proportion of 0.71 per kilogramme (about $4\frac{1}{2}$ grains to a pound), is injected into the frog, the animal is rapidly thrown into a state of cerebral stupor, the nerves preserving their excitability intact. The authors think that the drug exerts an influence upon the cardiac glandular system.—*La Médecine Moderne*.

THE MEANING OF PERCENTAGE AS APPLIED TO ANTISEPTIC SURGICAL DRESSINGS.

From an article in the *Pharmaceutical Era* we extract the following passages:—

Let us examine into one or two aspects of the question which appear of importance. The National Formulary, a few other formulas which we have been able to find, and one or two manufacturers base their operations upon percentage of parts by weight in the finished product. A great majority of formulas, however, and more than half of the manufacturers, make a gauze impregnated with a solution of definite percentage strength. Upon comparing the various products some interesting points are brought out. The following are actual weights of the gauzes employed by the firms and institutions mentioned, in grains per square yard:—

Lehigh, E. (National Formulary),	785
Johnson & Johnson, ...	585
Bellevue Hospital, ...	570
J. Ellwood Lee Co., ...	539
Seabury & Johnson, ...	436
Hospital Supply Co., ...	256

From the above it will be seen how greatly the unmedicated gauze varies in weight per square yard. Now, suppose we use the National-Formulary process with these gauzes. To make one square yard of plain gauze 10 per cent. strength, the amounts of iodoform required, in grains per square yard, will be as follows:—

Lehigh, E. (National Formulary),	92
Johnson & Johnson, ...	69
Bellevue Hospital, ...	67
J. Ellwood Lee Co., ...	63
Seabury & Johnson, ...	51
Hospital Supply Co., ...	30

In other words, one gauze will require in grains more than three times as much as the

lightest on the list to make a gauze by the National Formulary process.

Going a step still farther, in order to point out what we consider the fallacy of the finished product standard, attention is called to the following tabular statement, which, for the sake of comparison, shows the weight of one yard of iodoform gauze as finished for the market by the various processes :—

Johnson & Johnson, . . .	1389 grs.
Bellevue Hospital, . . .	1270 grs.
J. Ellwood Lee Co., . . .	939 grs.
Lehigh, E. (National Formulary),	937 grs.
Seabury & Johnson, . . .	697 grs.
Hospital Supply Co., . . .	384 grs.

Now, if all these gauzes were required or understood to be of a standard of 10 per cent. by weight of the finished product, the heaviest one would contain five times as much iodoform to the yard as the lightest, or, if the lightest gauze showed 10 per cent. of iodoform by assay, the heaviest gauze would only require from 3 to 4 per cent. to possess an equal amount of iodoform to the square yard. In view, therefore, of the confusion and discrepancies and the discussion between surgeons and manufacturers, it appears very evident that the establishment of a definite standard and adherence thereto by the manufacturers is necessary. It is not fair to apply the percentage by weight standard to a moist dressing, for it is easily seen that it may assay less than this standard and yet readily contain two or three or more times as much medicament to the square yard as another dressing, dry, which assays the percentage claimed.

The label on the antiseptic dressing should express its strength, either in grains of the medicament to the square yard or in percentage of the finished product, or the percentage strength of the solution employed in the medication of the dressing. On this point there should be no agitation whatsoever, and we note that Johnson & Johnson now include upon their labels a statement to the effect that "this gauze is a saturation of sterilized absorbent gauze with a stable emulsion containing 10 per cent. of iodoform. The impregnation is uniformly and accurately adjusted upon a basis of 10 parts of iodoform to 90 of dry gauze. Approximately, each square foot contains eight grains of iodoform." Seabury & Johnson state on their labels the percentage by weight of the dry product. If all the manufacturers would

follow this course of making the label tell exactly what is contained in the package, there would be no necessity for further agitation of this percentage matter. Their differences then would be merely those of opinion relative to the proper processes and the proper products, in which they would be guided necessarily by the demands of their patrons.

RHODONATE, OR SULPHOCYANATE, OF QUINOLINE.

In combining quinoline with sulphocyanic acid (thiocyanic or rhodanic) it separates from the water to form sulphocyanate of methylpyridine. This antiseptic has the properties of corrosive sublimate and carbolic acid, but without toxic effect. It exerts a powerful action upon the bacilli of cholera and diphtheria and the micro-organisms of pus. A centesimal solution has a rapid and painless action in gonorrhœa.—*La Médecine Moderne.*

AN OBSCURE CASE OF ACROMEGALY WITH MACROGLOSSIA.

At a meeting of the Medical Society of the Hospitals M. Chauffard said: "According to the writings of Marie and Souza-Leite, acromegaly is one of those diseases which an experienced eye detects at the first glance. I have here, however, a patient whose objective appearance raises no thought of acromegaly unless a single symptom, macroglossia, should draw the attention in that direction. A minute analysis, nevertheless, will leave, I think, no doubt that the patient is the subject of latent acromegaly. The tongue is smooth, exposed to view, and flattened. In addition to this sign there exists a prognathic jaw, cervico-dorsal cyphosis with compensatory dorso-lumbar lordosis. The penis is enlarged, but the testicles are shrunken. The occipital protuberance is more conspicuous than normal, there is habitual headache, and there is almost complete blindness of the right eye. These points seem sufficient to establish the diagnosis. It may also be affirmed that there is already hypertrophy of the pituitary body. Hence the headache, and especially the serious visual trouble. I may, furthermore, allude to the relations between acromegaly and gigantism. Mas-solongo regards acromegaly as a variety or, rather, an anomaly of the latter; Brissaud and Meige speak of acromegaly as the gigantism of the adult and gigantism as the acromegaly of

the adolescent. This conception, however alluring, is, nevertheless, rather too absolute. In the present patient we can see neither a giant nor the suggestion of a giant."

M. Rendu said: "I believe that the diagnosis of M. Chauffard is perfectly correct. I recall that I have seen during the past year a patient, very large for his age, with long fingers, prickling sensations in the extremities, and local asphyxia. For several days the symptoms did not warrant an assured diagnosis. The patient complained of frontal and occipital headache. The patient was seen by M. Raymond, who, on account of a commencing prognathism and the size of the occipital protuberance, suggested the presence of acromegaly. This was a case in an early stage, when it is seldom seen."—*La Médecine Moderne*.

A FAMILY AFFECTION CHARACTERIZED BY ALTERATIONS OF THE HAIR AND NAILS.

At a meeting of the French Society of Dermatology and Syphilography MM. Nicolle and Halippe, of Rouen, reported the case of a man, 28 years of age, degenerate and unintelligent, who entered the hospital on account of generalized changes of the nails of the hands and feet. There was hypertrophy with exaggeration of the striæ, friability, and periungual suppuration. The hair was scanty, thin, and colorless.

The patient was one of a family in which, for six generations, thirty-six similar cases had been observed in fifty-five individuals. There existed neither leprosy nor hereditary syphilis. The case, in fact, was one of hereditary dystrophy comparable to the great hereditary maladies of the nervous system.—*La Médecine Moderne*.

LYSIDINE; OBSERVATIONS ON A NEW URIC-ACID SOLVENT IN GOUT.

Dr. E. Grawitz, assistant in the Medical University Clinic of Professor Gerhardt in Berlin, has contributed a paper to the *Deutsche medicinische Wochenschrift*. The writer gives in some detail the histories of two cases of gout in which the favorable action of the remedy is proved beyond doubt. Dr. Grawitz writes:—

"In the commencement of July last a substance was handed to me by Professor Gerhardt with the request to try its activity upon gouty patients in the clinic.

"The substance had been sent by Professor Ladenburg, of Breslau, under the name of 'Lysidine,' with the information that it was a preparation of strongly alkaline reaction, which possessed five times the power of piperazine as a uric-acid solvent, and had proved itself innocuous in experiments on animals.

"The material forwarded was a very hygroscopic, reddish-white, crystalline substance* of peculiar taste, recalling the odor of mice, and easily soluble in water.

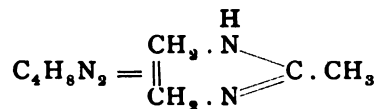
"As it happened, there were, at the time, two patients in the clinic with decided gouty symptoms, upon whom the remedy was at once tried. The first case was one of an acute and rather violent attack of gout, whilst in the second very pronounced chronic gouty changes were present.

"The remedy was administered to these patients dissolved in aerated water, which Professor Ladenburg had recommended as a suitable medium for internal administration. Doses increasing from 15 to 75 grains were given daily in a pint of aerated water. Even the solutions of 75 grains in the pint were by no means unpleasant in taste, which was least noticeable when the solution was drunk cold, if possible cooled with ice.

"I would mention at once that, during long-continued use of this dosage, no disturbing symptoms of any kind whatever made themselves apparent; neither digestive derangements nor abnormalities in the urinary secretion, albuminuria, etc., were observed; nor did either patient show a subjective feeling of repulsion to the remedy."

Professor Ladenburg states that the lysidine here referred to is identical with the ethylene-ethenyl-diamine first prepared by A. W. Hofmann, but only superficially investigated by him.

He has discovered a simple method of preparation and the solvent action of the base upon uric acid. Its composition corresponds to the formula:—



The hydrochloride is prepared by dry distillation of sodium acetate with ethylene-

* Owing to the hygroscopicity of the solid substance lysidine is now only supplied in a uniform 50-per-cent. solution for convenience in dispensing.

diamine hydrochloride. From this salt it is easy to obtain the base. The latter melts at 105° and boils at 198° C. Its preparation on a technical scale has been undertaken by the Farbwerke Hoechst.

Lysidine can be obtained in this country from Schulze-Berge & Koechl, New York.

PURULENT OPHTHALMIA COMPLICATING PNEUMONIA AND CAUSED BY PNEUMOCOCCI.

MM. Haushalter and Viller report the case of a man, an alcoholic subject, who, on the fourth day of a grippal pneumonia, was attacked by unilateral ocular pains. On the following day an intense iritis was observed. Four days from the beginning of this complication, on the seventh day of the pneumonia, pus appeared in the anterior chamber, which was incised. In the pus the diplococcus of Fraenkel was found. Death occurred fourteen days from the beginning of the pneumonia, —ten days after the ocular symptoms first developed. A pneumonic focus in process of gray hepatization was found, together with a phlegmon of the eye and some patches of meningitis at the convexity. All the lesions contained the pneumococcus in a state of purity. The result of inoculating mice proved that the same organism was present in the spleen.—*La Médecine Moderne*.

IRITIS OF NASAL ORIGIN.

At a meeting of the French Society of Ophthalmology, M. Fage, of Amiens, remarked that, since Ziem had shown the relations which exist between nasal affections and certain cases of iritis, he had nowhere found in medical literature a report of a case in which ozæna had given rise to iritis. M. Fage had observed a patient, 22 years of age, who, beyond the disease of the nose, presented no other cause of infection. In the beginning of January an iritis developed in the left eye, and afterward the right eye was attacked by iridochoroiditis. The nose was the seat of atrophic rhinitis, and the nasal mucus contained the coccobacilli of Loewenberg. The same organism was found in the *cul de-sac* of the conjunctiva, but examination of the blood and the anterior chamber gave negative results. Nevertheless, the eye of a rabbit, inoculated by the needle used in paracentesis, was infected.

By the end of April the left eye was cured with the persistence of some exudate in the

anterior chamber. The right eye still remained inflamed, with notable trouble of the aqueous humor and alterations of the vitreous body.

These ocular lesions should be attributed to the infection produced by the microbe of ozæna,—an agent capable of producing distant infections when it has entrance to lymphatic or vascular conduits.—*Le Bulletin Medical*.

GALLICINE IN OPHTHALMOLOGY.

M. Mellinger describes the results obtained in the ophthalmological clinic of Basle with gallicine. This substance is a methylic ether of gallic acid. It has a good effect in catarrhal conjunctivitis with chronic œdema of the mucous membrane and complicated with chronic eczema, in all catarrhal conditions following purulent infection, serious inflammations, etc., in follicular conjunctivitis, catarrhs consequent to extraction of cataract, phlyctenular affections of the eyes, and superficial keratitis. The specific gravity of gallicine being low, 1 gramme (15 grains) of the powder suffices for an application. It is dusted upon the eye once or twice daily in such a manner as to fill the conjunctival *cul de-sac*. Sometimes it causes a lively burning sensation, which disappears in a few minutes by the use of cold compresses. It is preferable, however, to previously anæsthetize the conjunctiva by a few drops of a solution of cocaine.—*La Médecine Moderne*.

TWO CASES OF PARÆSTHESIA OF THE PHARYNX.

At the annual meeting of the French Society of Laryngology and Otology, M. Boulay spoke of the cases of two young women, one of whom was troubled by the sensation of sand and the other of pepper in the throat. The ablation of small adenoid vegetations, not large enough to embarrass nasal respiration, was followed by complete cure. Were the growths really the cause of the paræsthesia or, as one is tempted to think, did the operation act simply as a suggestive measure? The latter supposition is, however, not very probable, for interventions likely to produce a mental effect have been made in similar cases without the desired result. It should rather be admitted that the vegetations were, in these patients, the primary cause of the abnormal sensations, which were simply exalted and

modified by the neuropathic condition of the subjects.—*La Médecine Moderne*.

PERITONITIS DUE TO PNEUMOCOCCI.

At a meeting of the Surgical Society M. Kirrison said that, as of interest in the etiology of peritonitis, he desired to mention the case of a child, 10 years of age, upon whom he had some time ago operated. The patient had first been under treatment for two abscesses of the foot, probably of tuberculous origin. One was but incompletely cicatrized when, several weeks later, the symptoms of peritonitis developed with evidence of an abundant liquid effusion. The abdominal wall was on the point of rupturing when it was incised by the speaker. An enormous quantity of thick, greenish pus escaped from the peritoneal cavity. Histological examination of this pus demonstrated that it contained numerous pneumococci, together with some streptococci, but no bacilli of tuberculosis.—*Le Bulletin Médical*.

PYARTHROSIS IN THE COURSE OF ERYSIPELAS, DURING MENSTRUATION AND THE PUERPERAL STATE.

It is known that the infectious agent of erysipelas is a streptococcus. This microbe may determine articular infection under four forms,—arthralgia, hydrarthrosis, hæmarthrosis, and pyarthrosis. A number of writers have reported cases of pyarthrosis occurring during erysipelas. These examples are rare; they generally supervene a few days after the beginning of erysipelas. The progress is very acute, with a character of special malignity, and the articulation may suppurate in its totality. In some cases the inflammation develops during convalescence; here the prognosis as regards life is much more favorable, but is grave in reference to the function of the joint. The termination is nearly always fatal in the early cases. Death is caused by general infection before the evolution of the local lesion is complete. The pus does not always contain the streptococcus alone. The staphylococcus is sometimes found in association, and, again, may alone be present.

Arthritis of recent origin may appear under the form of arthralgia, hydrarthrosis, and pyarthrosis. The last has been observed during menstruation, pregnancy, and after confinement. The streptococcus and the staphylococcus have been found in the pus.

Puerperal pyarthrosis is occasioned by the microbes of the vagina and uterus,—organisms which are habitually present in those localities and which are dispersed during the accouchement.

In the newborn puerperal articular lesions have been noted. The passage from the mother to the foetus of the streptococcus of puerperal infection has been demonstrated. All the cases of puerperal arthritis are serious. They nearly always terminate in ankylosis when the intensity of the general infection does not carry off the patient.—*La Médecine Moderne*.

SUPPURATIVE ARTHRITIS IN ACUTE ARTICULAR RHEUMATISM.

Bouillaud asserts that true rheumatism may suppurate, but under the term rheumatism this author includes all varieties of spontaneous arthritis, as puerperal, pyæmic, etc. Rheumatism attended by suppuration may, in fact, be regarded as a rheumatism complicated with secondary infection.—*La Médecine Moderne*.

SUBACUTE SUPPURATIVE POLYMYOSITIS OF PECULIAR EVOLUTION.

Under the above title H. Neumann, of Potsdam, has described the case of a boy, 9 years of age, attacked by diphtheria followed by severe measles and a serious otitis media of the left side. An operation relieved the pain, but the temperature remained at 40° C. (104° F.) in the evening and 37.5° C. (99.5° F.). The patient began to complain of pain in different parts of the body. The fever soon assumed a hectic type. After a time bullæ of pemphigus simplex and purpuric lesions developed upon the left side of the body, nephritis with very albuminous urine made its appearance, and myositis of the muscles of the left foot, sacral region, left arm, left buttock, and left forearm. Abscesses formed in all these regions; some were periarticular, but the articulations were spared except for a slight and transient inflammation of the hip-joints and left knee. The right half of the body was unaffected. The disease continued three and one-half months and terminated in recovery, thanks to the good constitution of the child and the preservation of his appetite. The case was also marked by profuse sweating and overaction of the heart. Streptococci were recognized in the pus from the abscesses.

It must be admitted that the bacillus was introduced into the system through the tonsils and was the etiological factor of the entire affection.

The prognosis was, nevertheless, favorable on account of the previous good health, the excellent general condition during the duration of the disease, and the maintenance of the strength. The treatment was principally expectant and reconstituent. In the latter part of the history 30 grains of lysol were administered daily. Pus was evacuated by large incisions.

Little is known of this affection, and its nature is very differently explained. It was not till 1894 that Fraenkel discovered that it was an infectious malady whose avenue of entrance is the tonsil or middle ear, and that it is nearly always occasioned by streptococci.

Leube draws the clinical picture of the affection as follows: The beginning is sometimes sudden and sometimes gradual. It commences with general symptoms, as headache, general debility, chills, nausea, pain in urinating, and a more or less generalized exanthem. In the acute form hypertrophy of the spleen has often been observed. Fever is the rule, the temperature being moderately elevated, with corresponding acceleration of the pulse. It is, above all, the local manifestations which give feature to the malady. These may exhibit themselves at the same time with the general symptoms or may subsequently develop. The local symptoms consist of pain in the extremities and trunk, sometimes of spasmodic character and interfering notably with movements. The affected muscles are very sensitive to pressure, particularly at the points where muscular fibres are joined to tendons. If there is no concomitant cutaneous oedema, which renders palpation difficult, it is perceived that the muscles are the seat of hard infiltration. The muscles are not all attacked at the same time, but are invaded independently and progressively, at times slowly and again rapidly one after another. Cutaneous oedema with transitory redness of the skin is very characteristic of polymyositis.

The joints may also be involved. When the symptoms are serious the issue is generally fatal. Cases of recovery after long duration of the disease have, however, been noted. In these cases a pronounced muscular atrophy supervenes. Consciousness is generally pre-

served. There is a decided tendency to sweating.

Wagner, Hepp, Unverricht, Lewy, and Fraenkel describe polymyositis in similar language. There can, therefore, be no doubt as to the nature of the disease from which M. Neumann's patient suffered. It was a case of subacute polymyositis or, as it may also be called, of suppurative dermatomyositis. The peculiar features of his case were that the lesions were unilateral, localized upon the left side,—a feature which the writer had found in no other published case. The profuse sweats and the acceleration of pulse independent of temperature are, on the contrary, mentioned in some histories, but, as Buss has observed, these are exactly the symptoms which indicate the action of bacterial toxins. Most cases of dermatomyositis end in death. It is only since a more intimate knowledge of the affection has been gained that a tonic treatment has begun to yield more favorable results.—*La Médecine Moderne*.

TREATMENT OF BRONCHIECTASIS AND PULMONARY GANGRENE BY PARENCHYMATOUS INJECTION OF ANTISEPTIC FLUIDS.

Professor Rokitansky has employed for seventeen years this method of treatment, and even patients who are seriously affected and subjects of amyloid degeneration of the liver, kidney, or spleen have been decidedly improved in the sense that expectoration has become much less fetid and less abundant. In less advanced cases of bronchial dilatation he has obtained a very marked amelioration of the local and general signs. His procedure is as follows: The thoracic region having been well disinfected, the point at which the physical signs are at a maximum is determined. In the corresponding intercostal space a long needle is introduced, adapted to a Pravaz syringe containing a 3-per-cent. solution of carbolic acid and 1 or 2 cubic centimetres (15 to 30 minims) of the liquid is slowly injected. The patients at once perceive the taste of carbolic acid in the mouth and sometimes have an access of cough, the lighter in proportion as the injection has been more slow. An ice-bag is then applied to the site of injection and left in place for several hours.

This mode of treatment, employed in 43 cases of bronchial dilatation and in 7 cases of

pulmonary gangrene, has never caused an accident.

The number of injections varies from ten to sixty-five; they were made every day or every two or three days. Bronchiectasis was always much relieved. In four cases of pulmonary gangrene the treatment resulted in no amelioration, but in three cases of circumscribed gangrene cure was obtained after eight, eleven, and thirteen days.—*La Médecine Moderne*.

THERAPEUTIC NOTES.

PSORIASIS.

R Ichthyol,
Salicylic acid,
Pyrogallic acid,
Aristol, ... 55 gr. xl.
Vaselin,
Lard,
Lanolin, ... 55 3j.

A powerful ointment to be used in small quantities.—*College and Clinical Record*.

ADHESOL, A SURGICAL DRESSING.

Dr. M. Dufau has successfully used the following antiseptic dressing—which he calls “adhesol”—in the treatment of superficial wounds:—

R Copal resin, ... 35 parts.
Gum benzoin, ... 3 parts.
Balsam Tolu, ... 3 parts.
Ether, ... 100 parts.
Oil thyme, ... 2 parts.
Alpha-naphthol, ... 3 parts.

When this varnish is applied to the skin the liquid portion evaporates rapidly, leaving a thin pellicle, rendered antiseptic by the alpha-naphthol.—*American Medico-Surgical Bulletin*.

CARNIFERRIN, AN ASSIMILABLE IRON COMPOUND PREPARED FROM MEAT-EXTRACT.

Carniferrin, the iron compound of phospho-carnic acid, is prepared from the purest meat-extract. It possesses all the properties of the iron compounds occurring in natural foods, is soluble in both dilute acids and alkalies, and consequently remains unaltered both in the stomach and in the intestinal canal. Direct experiment has demonstrated that it is absorbed in the digestive tract. Carniferrin is therefore an excellent blood-making material which

is indicated wherever the digestion is deranged and where the exhibition of large quantities of assimilable iron compounds in the form of eggs, etc., is inadmissible. It should therefore be prescribed in chlorosis, anæmia, neurasthenia, extreme loss of blood, after operations, in convalescence, etc.

The exceptionally large proportion of iron contained in carniferrin (about 30 per cent.) renders it the most active preparation of iron.

Dose for adults, $7\frac{1}{2}$ grains daily.

Dose for children, 3 to 5 grains daily.

It may be exhibited in any convenient form, as a powder (in a wineglassful of water), in lozenges, or pills.

As it does not dissolve until it reaches the stomach it does not attack the teeth.

On account of the large proportion of iron and consequently the small dose necessary, carniferrin is not a costly medicament, although it is manufactured from such an expensive article as extract of meat.

Carniferrin can be obtained from Schulze-Berge & Koechl, New York.

TASTELESS AROMATIC FLUID EXTRACT OF CASCARA SAGRADA.

Luther F. Stevens gives the following directions for preparing a so-called tasteless aromatic fluid extract of cascara:—

R Cascara sagrada, No. 40
powder, ... 500.00 gr.
Calcined magnesia, ... 50.00 gr.
Water, ... 550.00 c.cm.
Alcohol, ... 400.00 c.cm.
Glycerin, ... 120.00 c.cm.
Extract licorice, purified, ... 120.00 gr.
Saccharin, ... 2.00 gr.
Oil fennel, ... 0.31 gr.
Dilute alcohol, ... enough.

—*Western Druggist*.

BREAD SUBSTITUTE FOR DIABETIC PATIENTS.

Mix 2 ounces (62 grammes) of desiccated cocoa-nut powder with a little water containing a small quantity of German yeast. Make the mass into a sort of paste, and put in a warm place for half an hour or longer. The small amount of sugar contained in the cocoa-nut is almost entirely decomposed by the fermentation produced by the yeast, and the cocoa-nut paste becomes spongy. Add 2 ounces (62 grammes) of aleuronat, one egg beaten, and a small quantity of water, to which a little saccharin has been dissolved, and mix well until

a dough is formed. Divide into cakes and bake in a moderate oven for twenty or thirty minutes. Aleuronat is a yellowish powder containing 80 to 90 per cent. of vegetable albumin and only 7 per cent. of carbohydrates. It has been strongly recommended by Professor Ebstein for diabetic patients, but, except by the foregoing method, is difficult to prepare for diabetic food.—R. T. WILLIAMSON, *Universal Medical Journal*.

LOCALIZED ARTICULAR RHEUMATISM.

To allay obstinate pain after the acute stage has passed the following ointment may be used with friction:—

R Morphin. hydrochlor., . gr. vj.
Potass. cyanid., . gr. ivss.
Adipis vel vaselin., . ʒiiss.

M. ft. ungt.—*Le Progrès Médical*.

FISSURE OF THE ANUS.

As palliative, in addition to mild purgatives:—

R Extr. of krameria, . gr. xxx.
Glycerin, . fʒx.
Decoction of marsh-mallow, ʒvj.—M.

Night and morning a suppository containing

R Cocain. hydrochlor., . gr. ½-¼.
Extr. belladon., . gr. ¼.
Cacao-butter, . ʒj.
M. ft. suppos.

Or,

R Morphin. hydrochlor., . gr. ¼.
Cacao-butter, . ʒi¼.
M. ft. suppos.—*Le Progrès Médical*.

CRAMPS OF PREGNANCY.

Professor Tarnier orders massage of the contracted muscles and friction with

Chloroform, . ʒiiss.
Balsam of Fioraventi, . ʒiiss.
Camphorated alcohol, . ʒiij—M.

Internally,

R Potass. bromid., . ʒiiss.
Syrup of ether, . ʒx.
Syrup of orange-flower, . ʒx.
Tinct. of musk, . gtt. xx.
Distilled water, . ʒij.

M. Sig.: Three tablespoonfuls daily.—*Le Progrès Médical*.

[The balsam of Fioraventi contains a number of balsamic, resinous, and aromatic substances, as Venice turpentine, styrax, galbanum, myrrh, ginger, cinnamon, nutmegs, cloves, etc.

Syrup of ether contains 48 parts of sulphuric ether, 500 parts of distilled water, 1000 parts of sugar.—Ed.]

SCIATICA.

Mikhalkine reports good results from the use of

R Solut. nitroglycerin (1 per cent.), . . . mxxv.
Tr. capsici, . . . mxxlv.
Aq. menth. pip., . . fʒiiss.

M. Sig.: Three, increased to 12 drops, morning, noon, and night.—*Le Progrès Médical*.

EMULSIONS OF CODLIVER-OIL.

Professor Gay, of Montpellier, proposes the following formulæ:—

Creamy Emulsion of Codliver-Oil.

R Codliver-oil, . . . Oj.
Powdered sugar, . ʒvj.
Powdered gum arabic, . ʒi¼.
Powdered gum tragacanth, ʒi¼.
Infusion of coffee, . ʒvj.
Rum or kirsch, . ʒiij.—M.

Creamy Emulsion of Codliver-Oil with Hypophosphites.

R Codliver-oil, . . . Oj.
Essence of bitter almonds, . gtt. xx.
Essence of wintergreen, . gtt. xx.
Powdered white sugar, . ʒvj.
Powdered gum arabic, . ʒi¼.
Powdered gum tragacanth, ʒi¼.
Distilled water, . ʒix.
Calcium hypophosphite, . ʒiiss.
Sodium hypophosphite, . ʒi¼.

—*La Médecine Moderne*.

Mr. C. F. Henry proposes the following formulæ for introduction into the British Pharmacopœia:—

EMULSION OF CODLIVER-OIL.

R Acacia, . . . 1 oz.
Codliver-oil, . . . 4 fl. oz.
Elixir saccharin, . . 40 min.
Oil cassia, . . . 2 min.
Sodium hypophosphite, . 16 gr.
Calcium hypophosphite, . 16 gr.
Distilled water, q. s. ad 8 fl. oz.

EMULSION OF CASTOR-OIL.

R Acacia, . . . ½ oz.
Castor-oil, . . . 1 fl. oz.
Elixir saccharin, . . 20 min.
Oil bitter almonds, . . 2 min.
Oil cloves, . . . 3 min.
Distilled water, q. s. ad 2 fl. oz.

EMULSION OF CODLIVER OIL WITH EUCALYPTUS.

- ℞ Acacia, ... 6 dr.
 Codliver oil, ... 4 fl. oz.
 Oil eucalyptus, ... 2 fl. dr.
 Elixir saccharin, ... 1 fl. dr.
 Oil cassia, ... 2 drops.
 Distilled water, q. s. ad 8 fl. oz.

—*American Medico-Surgical Bulletin.*

PALATABLE FLUID EXTRACT OF RHAMNUS FRANGULA.

Luther F. Stevens has devised a very palatable fluid extract of buckthorn, in which saccharin plays an important part, viz. :—

- ℞ Fld. ext. buckthorn, . . . 16 fl. oz.
 Ammoniated glycyrrhizin, . . 2 dr.
 Saccharin, ... 1 dr.
 Solution potassa, ... 2 fl. dr.
 Water, ... 2 fl. oz.

—*Western Druggist.*

AROMATIC ELIXIR OF KOLA.

Mr. Edel has found saccharin a desirable adjunct in producing a palatable elixir of kola. His process is

- ℞ Fld. extract kola, ... 2 fl. oz.
 Ammoniated glycyrrhizin, . . 1 dr.
 Saccharin, ... 1 dr.
 Oil orange, ... 5 gtt.
 Water, ... 7 fl. oz.
 Alcohol, ... 3½ fl. oz.
 Syrup, ... 3½ fl. oz.
 Elixir, ... enough.

—*Western Druggist.*

SOZOIODOL IN KERATITIS.

Dr. Goldzieher, in case of ulcers of the cornea which are not sufficiently grave from their size or depth to require operative interference, and in slow, painless diseases of the cornea,—such as diffuse keratitis and keratitis punctata, when of a superficial character,—has used to advantage the following ointment :—

- ℞ Sozoiodol-sodium, ... 0.25 grm.
 Atropine sulphate, ... 0.05 grm.
 Vaseline, ... 10.00 grms.

The ointment is placed between the lids very much as we are in the habit of using the well-known ointment of yellow oxide of mercury.

Eserine may be prescribed in the place of atropine, as the case may require.—*American Medico-Surgical Bulletin.*

COTTON ROOT AS AN HÆMOSTATIC.

Dr. Markevitch considers the fluid extract of cotton-root as an altogether reliable and

harmless hæmostatic in metrorrhagia, hæmoptysis, and epistaxis. The medicament is generally given in doses of 20 to 30 minims, three or four times a day, for four to ten days. Action becomes manifest, as a rule, in one or two days. Disturbances of the digestive organs were never observed. The application of fresh infusion (1 to 12) is likewise efficacious, it is stated, 1 table-spoonful being given every half to one hour ; it is even more sure than that of the fluid extract.—*Western Druggist.*

CHANCROID.

Touch the ulcer every morning for two or three consecutive days with a pledget of absorbent cotton dipped in the following solution :—

- ℞ Menthol, ... gr. iij.
 Carbolic acid, ... gr. xv.
 Alcohol, 90°, ... 3ss.

M. In the meantime keep the sore covered with aristol.—*La Tribune Médicale.*

NOCTURNAL ENURESIS.

Dr. J. Madison Taylor finds that, in children who have notably fidgety nervous organizations, depresso-motors have great use. In one case recently under treatment overwhelming doses of belladonna were at first successful, but the result was only temporary, and the condition returned. Combining this with aromatic sulphuric acid and increasing the dose gradually, an extra drop of each daily, made a much more permanent impression. A combination of picrotoxin, $\frac{1}{80}$ grain, with belladonna proves very useful. A very intricate case, which had resisted efforts at the hands of many, a girl of 15 years, unspeakably chagrined at wetting the bed four or five times a night, sustained what seemed to be a permanent cure by using the sulphuric acid and belladonna increasingly, and along with this a pill containing codeine, powdered digitalis, extract of nux vomica, and ergotine. The great success in treating children of restless temperament afflicted with pavor nocturnus by the use of sulphonal suggested that as a possibility for relieving enuresis. A boy who had had much inefficient treatment, including circumcision, was promptly cured by sulphonal. Cases of nocturnal epilepsy, many of which also wet the bed, are greatly benefited by sulphonal.—*Philadelphia Polyclinic.*

GOITRE.

Dr. C. Galré has had good results from the parenchymatous injection of $\frac{1}{4}$ to 1 drachm of a mixture thus composed:—

R Iodoform, . . . 1 part.
Sulphuric ether,
Olive-oil, . . . 7 parts.—M.

—*Revue de Laryngologie.*

DIABETES MELLITUS.

Alb. Robin says that, as regards the drugs which he uses in this disease, he has arranged them in three groups, creating three periods of treatment.

1. Antipyrin. This drug he administers for not more than five consecutive days, in the dose of 15 grains, associated with 8 grains of sodium bicarbonate before meals.

2. Quinine, arsenic, codeine, opium, and alkalis. He gives quinine sulphate in the dose of 6 grains twice daily for 5 days, suspends it for 4 days, and resumes it for 5 days. At the same time he gives for 2 days 2, for 3 days 3, and for 10 days 4 of the following cachets:—

R Arsenate of sodium, . . gr. $\frac{1}{4}$ — $\frac{1}{10}$.
Carbonate of lithium, . . gr. iss—ii $\frac{1}{4}$.
Codeine, . . . gr. $\frac{1}{4}$ — $\frac{1}{2}$.
Poudre théiacale, . . gr. iv.
Extr. of cinchona, . . gr. iv.—M.

[Poudre théiacale is an ancient specimen of polypharmacy still used in France, but unknown in this country.—ED.]

3. Opium is the main reliance, prescribed as follows:—

R Extract of belladonna, . . gr. $\frac{1}{15}$.
Extract of valerian, . . gr. iss.
Extract of opium, . . gr. $\frac{1}{2}$.
Powdered cinchona, q. s. to make a pill.

M. Sig.: One such pill every 6 hours for 4 days; 1 every 4 hours for 2 days, and finally 1 every 3 hours for 4 days.—*La Médecine Moderne.*

In simple glycosuria:—

R Extr. valerian., . . gr. iij.
Extr. hyoscyami, . . gr. $\frac{1}{2}$.
Extr. opii, . . gr. $\frac{1}{2}$.
Strychnin. arsenat., . . gr. $\frac{1}{15}$.

M. For 1 pill. Let 50 pills be made. Three such pills to be taken daily during 4 days out of the week.—*La Tribune Médicale.*

MALAKINE AS AN ANTHELMINTIC.

From a number of experiments M. Felice Ottolenghi concludes that malakine may be

regarded as an anthelmintic, acting upon the parasites, while being harmless to man. It has the advantage over other vermifuges that its use can be continued without causing trouble.—*La Médecine Moderne.*

TUBERCULOUS GLANDS.

In tuberculous adenopathies Jeannel recommends:—

R Sodii bromid.,
Sodii chlorid., . . 3iiss.
Sodii iodid., . . gr. xv—xxx.
Aquæ, . . . 3ij.

M. ft. sol.

Sig.: Teaspoonful every morning in milk.—*La Médecine Moderne.*

ASEPTIC DRESSING.

In unhealthy wounds, diphtheroidal surfaces, and vulgar, or cutaneous, gangrene Dr. J. Comby often employs

R Iodoform.,
Carbon. ligni,
Cinchonæ, . . . 33 gr. lxxv.—M.

—*La Médecine Moderne.*

PHAGEDÆNIC CHANCRE.

Touch the ulcer with the following solution:—

R Cocainæ hydrochlorat., . gr. xv.
Ferri et potass. tartrat., . 3ss.
Aq. destillat., . . 3ij.—M.

After the application keep the sore covered with

R Iodoformi, . . . 3v.
Mentholi, . . . gr. viij.—M.

Let the patient take, after each meal, one of the following pills:—

R Ferri et potass. tartrat., . gr. ii $\frac{1}{4}$.
Extr. cinchon.,
Extr. gentianæ, . . 33 gr. iss.—M.

—*La Tribune Médicale.*

THE INTERNAL USE OF CARBOLIC ACID IN GONORRHOEA.

Few diseases have been treated with so many drugs and with such disappointing results as gonorrhoea. Dr. Edward Balm, of Parbhani, since the past few months, gives 3 to 5 minims of carbolic acid in solution three times a day for this complaint and with satisfactory results, and he gives as a reason for adopting this line of treatment that gonorrhoea is a specific disease dependent on a specific bacillus,—the gonococcus. Carbolic acid is an antiseptic and germicide. When given inter-

nally, it is mainly eliminated from the system by the urine, and it therefore acts directly on the bacilli. It also increases the flow of urine and allays the burning pain during micturition (dysuria). At the same time he uses a mild astringent urethral injection, such as 2 grains of sulphate of zinc to the ounce of water.—*Indian Medical Record.*

INFLUENZA.

For the spasmodic cough in thoracic complications Plicque recommends

℞ Tinct. belladonnæ,
Tinct. aconiti,
Tinct. droseræ, of each, . . ℥xxx.
Tinct. myrrhæ, . . . 3iiss.

Sig.: 20 to 30 minims per diem.—*Therapeutic Gazette.*

CREAM CAMPHOR LINIMENT.

A writer in the Medical Summary states that an excellent liniment consists of

℞ Camphor,
Carbonate ammonia, . . . 3j.
Oil origanum, . . . 3ss.
Tr. opii, . . . 3ss.
Oil turpentine, . . . 3iv.
Castile-soap shavings, . . 3ij.

Add sufficient turpentine and water, gradually, to make half a gallon of liniment.

In order to have the liniment produce a fine cream-like appearance it must be carefully made, the water and turpentine added to the other ingredients slowly and mixing well by sufficient shaking.

INFANTILE DIARRHŒA.

A contributor to Practical Medicine writes: "The following is a reliable mixture which I have often used, and I can conscientiously say that it has never yet disappointed me:—

℞ Pepsin, . . . 3ij.
Bismuth. subnit., . . 3ii-iv.
Liq. potassii arsenit., . ℥xv-xx.
Tr. nucis vom., . . . ℥xxx-xl.
Acidi muriatici dil., . . ℥xxx-xl.
Aque cinnamomi, q. s. ad 3iv.

M. Sig.: Teaspoonful three or four times a day after feeding, for child 6 to 12 months old."

LUBRICANT FOR THE FINGERS.

In gynæcological practice a lubricant is more frequently used to protect the finger than for lubricating purposes, for which it is seldom required owing to profuse natural secretions.

It is much safer to employ a preparation in which a part can be separated and used only for the case in hand. It should be aseptic, non-irritating, and easily washed off. Glycerin fulfills these requisites, and is at the same time an excellent deodorant; the foul and persisting odor of cervical cancer is readily washed away when the hand has previously been freely lubricated with glycerin. At both the General Lying-in and the Manchester Lying-in it is used in this form:—

℞ Hydrargyri perchlorid., . gr. j.
Glycerini pur., . . . 3j.

A small quantity of this is poured into a clean saucer, and this is used for one case only. For private practice it can be made into a jelly with starch, powdered tragacanth, boric acid or corrosive sublimate, and oil of wintergreen, and then put up in collapsible metal tubes. This composition is readily soluble in water; so that the hands may be thoroughly cleansed by simply washing them in water. The use of the lubricant prevents the hands from chapping, and the contents of a tube cannot possibly become infected.—*Practitioner.*

THE MADAR PLANT AND ITS PROPERTIES.

According to the observations of J. H. Bridgeman, this plant has marvelous properties, and is pretty largely used by the natives of India; 5 grains of the dried and pulverized root, given four times daily, and accompanied by a dose of castor-oil on alternate days, may be considered a specific in dysentery; the oil obtained by boiling equal parts of the dried root and mustard-oil together for an hour forms a curative anodyne liniment for rheumatic and other pains, while the lesser roots are used as tooth-brushes (*miswaak*) for strengthening the teeth and gums and averting toothache. The leaves are heated on an iron pan and then tied on to affected parts to assuage pain. The flowers are used as a specific in fever. The milky juice that exudes from any part of the living plant when bruised is useful in bringing blind boils to a head and bursting them; it is used both internally and externally in splenic fever and certain forms of eczema; and is recognized as a powerful remedy in toothache, when, in addition to removing the pain, it appears to have the property of eradicating a loose tooth and of

strengthening a firmly fixed one.—*Indian Medical Record.*

CHLOROBROM AS AN HYPNOTIC IN THE INSANE.

Dr. J. Percy Wade, of Catonsville, Md., remarks that chlorobrom is a mixture of the simplest description, containing 30 grains each of chloralamid and potassium bromide to an ounce of water. Chlorobrom is not very disagreeable to take, and it leaves no ill effects.

Dr. Keay, says the author, has used the drug with good results, and he recommends it highly in melancholia, especially active melancholia or brain exhaustion from overwork, and for worried business men, when insomnia is the most serious symptom to combat. In mania, general paresis, and the excitement of epilepsy he has found the drug not suitable, and prefers sulphonal or trional. He administers an ounce of the solution an hour before bed-time, and if the excitement is great he increases the dose from an ounce and a half to two ounces with perfect safety.

Dr. Wade's experience with the drug in simple and in active melancholia confirms Dr. Keay's report; but in acute mania, notwithstanding Dr. Keay's statement, he has found that the drug produced sleep, although it took somewhat longer to act; and the sleep, he says, was as refreshing as that produced by other hypnotics.—*Medical Review.*

ABDOMINAL DISTENSION.

A large number of the women who present themselves at the dispensary complain of abdominal distension,—“bloating,” as they call it. Many of them add that they cannot breathe freely for this distress. With it is usually associated constipation.

For the relief of this condition Dr. Bloom has found the following prescription give good results:—

R Creasote (beech-wood),	72 minims.
Purified ox-gall, . . .	72 grains.
Pancreatin, ...	36 grains.
Extract of nux vomica, .	12 grains.
Phenyl-salicylate, . . .	36 grains.

M. Sig.: Make a mass. Divide into 36 equal parts and dispense in capsules. Dose: One capsule immediately after each meal.

If this dose does not correct the constipation he adds to each capsule $\frac{1}{2}$ grain to a grain of compound extract of colocynth.—*Philadelphia Polyclinic.*

ARECOLINE AS A MYOTIC.

Dr. Lavagno has found that arecoline— $C_8H_{13}NO_2$, the alkaloid of *Areca catechu* (areca-nut)—energetically contracts the pupil of the eye. In man this effect is produced three minutes after the instillation into the conjunctival *cul de sac* of 1 drop of a 1-per-cent. aqueous solution of arecoline hydrobromate; it persists for fifteen to twenty minutes, and is entirely dissipated in about one hour.

The effects of arecoline upon the ciliary muscle are said to be even more rapid, and induce a spasm which lasts from seven to eight minutes. The faculty of accommodation remains normal during the first two or three minutes, then it diminishes temporarily somewhat.

The instillation of arecoline hydrobromate never determined cephalalgia or other nervous troubles, so it is reported.—*American Medico-Surgical Bulletin.*

CHOLERA INFANTUM.

Dr. Geo. J. Munroe, of Louisville, recommends in the Medical Summary:—

R Carbolic acid, . . .	gtt. x-xx.
Sodæ phosph., . . .	3i-ij.
Bismuth. subnit., . .	3ii-iv.
Elixir lactopeptin, . .	3ij.
Tinct. opii camph., . .	3j.

M. Sig.: Shake well, and give from one-fourth to one teaspoonful every four hours.

INJECTIONS OF SALICYLIC ACID IN THE TREATMENT OF UTERINE CANCERS.

The Province Médicale contains an account of this mode of treatment, which has been employed successfully by M. F. A. Fafousse in seven cases of uterine cancer. The author used a 6-per-cent. solution of the acid in alcohol in the following manner: The patients received previously vaginal antiseptic injections from two to three times a day, one of these injections always preceding those of the salicylic acid. From 1 to 4 cubic centimetres of the solution were injected into the vaginal portion of the neck of the uterus in five or six places in the affected region. The vaginal portion was then dried and rubbed with tampons of cotton and dusted with iodoform powder, and the vagina was packed with two or three tampons of cotton saturated with a mixture of glycerin and iodoform. The patients were then put in bed and ordered to remain there during the day without moving; in the even-

ing (or the following morning if there were abundant hæmorrhage) the tampons were withdrawn and a vaginal injection was given.

"The first injections," says the writer, "are usually followed by a rather profuse hæmorrhage; but, the more frequent the injections, the less abundant will be the hæmorrhage. The places subjected to many punctures give very little blood. In the majority of cases the injections are painful, but the pain disappears very rapidly, and there are no secondary unfavorable symptoms of any kind. The injections are repeated more or less often, according to the gravity of the case and to the intensity of the patient's suffering.

"The results of these injections are the almost complete cessation of metrorrhagia, the disappearance of the leucorrhœa, the diminution of the pain, the amelioration of the general condition, and the arrest of the progress of the disease.

"It will be seen, then," says the writer, "that the injections of salicylic acid are superior to all other means of treatment proposed for inoperable cancer. If it is true that the amelioration is partly due to more favorable conditions in which the patients find themselves in the hospital, it cannot be denied that the restorative action of the salicylic acid was prompt in the seven cases observed by the author."—*New York Medical Journal*.

FORMULAIRE DES SPECIALITES PHARMACEUTIQUES.

From the "Formulary of Pharmaceutical Specialties," compiled by Dr. M. Gautier and F. Renault, *pharmacien*, we extract the following:—

Syrup of Chloral and Strontium Bromide (d'Acard).

Each tablespoonful contains

- ℞ Strontii bromid., . . . 3ss.
Chloral. hydrat., . . . gr. xv.
Ext. cannabis Ind., . . . gr. ½.
Ext. hyoscyam., . . . gr. ½.
Syr. aurant. amar. cort., . . q. s.

M. Sig.: For insomnia.

Cocaine Lozenges (Williams).

- ℞ Ext. mulberry-juice, . . . gr. iss.
Ext. rose, . . . gr. iss.
Cocain. hydrochlor., . . . gr. ⅛.
Sod. borat., . . . gr. ⅓.

M. Sig.: Let 8 or 10 such lozenges dissolve slowly in the mouth during the day. For pharyngitis and tonsillitis.

Creasote Emulsion.

Each teaspoonful contains

- ℞ Beech-wood creasote, . . . gr. iss.
Balsam Tolu, . . . gr. iij.
Calcium phosphate, . . . gr. iij.
Glycerin, . . . q. s.

M. Dose for adults, from 3 to 6 teaspoonfuls a day; for children, 1 to 3 teaspoonfuls. For tuberculosis, chronic pneumonia, chronic bronchitis, humid asthma, etc.

Creasote and Helenin Capsules (Manya).

Each capsule contains

- ℞ Pure beech-wood creasote, . . gr. ii¼.
Precip. calcium phosphate, . . gr. i¼.
Helenin, . . . gr. ¼.

M. Recommended in grippe, bronchitis, phthisis, scrofula, and diabetes.

Syrup of Ergotinine (Tanret).

- ℞ Ergotinine, . . . gr. ½.
Lactic acid, . . . gr. ½.
Syr. orange flowers, . . . Oij.
Distilled water, . . . 3i½.

M. Each teaspoonful contains ¼ milligramme (about gr. ⅙) of ergotinine. Useful in hæmoptysis, epistaxis, and uterine hæmorrhage.

Tannated Cachets (Lasné).

Each cachet contains

- ℞ Beech-wood creasote, . . . gr. iv.
Tannin, . . . gr. viij.
Calcium phosphate, . . . gr. viij.
Powdered camphor, . . . 3i½.

M. Two to 6 cachets daily at meal-time. For pulmonary tuberculosis.

ACUTE RHEUMATISM.

Dr. Carpenter very often prescribes, of the following combination, a teaspoonful every three hours:—

- ℞ Sodium salicylate, . . . 4 drachms.
Solution of potassium
citrate, . . . 2½ drachms.
Syrup of ginger, . . . ½ fld. oz.—M.

—*Philadelphia Polyclinic.*

EMMENAGOGUE PILLS.

- ℞ Ferri carbonat., . . . gr. xlv.
Pulv. croci, . . . gr. viij.
Pulv. cinnamom., . . .
Pulv. castor., . . .
Pulv. rhei,
Pulv. aloes, . . . 33 gr. xv.

M. et ft. pil. no. clx. Three pills to be taken daily.—*El Siglo Médico.*

TRICHOPHYTIC BLEPHARITIS.

Mibelli thinks that blepharitis of children is more often due to the trichophyton than is supposed. It clinically very closely resembles the ordinary form of the disease, but is more apt to be confined to the lids of one eye, while it is usually possible to find some hairs broken off at the level of the lid. Often there are patches of ringworm on other parts of the body. A microscopical examination will reveal the true nature of the disease. The treatment recommended is systematic epilation of the diseased hairs, washing the margins of the lids with a 2-per-cent. corrosive sublimate solution, and alternate applications of tincture of iodine and the following ointment:—

R Sulphur, ... 10 gr.
Salicylic acid, ... 6 gr.
Vaseline, ... 5 dr.—M.

—*International Medical Magazine.*

PALMETTO-WINE.

Dr. Ira W. Porter writes to the Southern Medical Record:—

“Palmetto wine is a new and elegant preparation of raw palmetto and combines all the medicinal virtues of the drug in a palatable form.

“It is best known as palmetto-wine (Wellington), and is made and used in large quantities in Sanford, Florida, and the surrounding country. The menstruum is the elegant and pleasing orange-wine, made from the famous Florida orange.

“I have used it on children and on the aged, as a tonic, with good effect. Its fattening properties are astonishing.

“I used it on a middle-aged man, who was suffering from nervous impotence, with very gratifying results.

“In women I have used it to promote the growth of the mammæ, and internally in gonorrhœa I have used it with better results than with sanmetto.

“It is also of use in bronchial troubles. The raw palmetto seems to have a peculiar action on all mucous surfaces and has been used with gratifying effect in bronchitis, laryngitis, follicular pharyngitis, tonsillitis, etc.”

TASTELESS CREASOTE.

To overcome the taste of creasote El Siglo Médico gives the following method: Saturate

the creasote with magnesia, allow the mixture to dry (which takes but a short time), powder, and suspend in syrup. In this manner a syrup can be prepared containing 10 per cent. of creasote.

OZONE IN THE TREATMENT OF WHOOPING-COUGH.

At a recent meeting of the Société Française d'Electrothérapie, a report of which appears in the Progrès Médical, M. Labbé and M. Oudin, referring to a former communication, said that they had demonstrated the favorable influence of ozone on the blood and on nutrition; also its antiseptic action, and they thought that, as whooping-cough was evidently a microbial affection, it would be well to try the effect of ozone in the treatment of this disease. They had collected twenty-two observations of cases of children who had had whooping-cough and had been treated exclusively with inhalations of ozone. The results of the examination of these cases had shown very convincingly that the use of the ozone had produced an immediate amelioration in the little patients. The spasms of coughing had been rapidly modified, not only in frequency, but also in intensity and duration. The respiratory troubles, the cyanosis, and the vomiting had almost entirely disappeared. “The general condition,” said M. Labbé, “naturally felt this favorable modification; the children recovered their spirits, their appetite, and their former healthy appearance.” None of M. Labbé's patients had been attacked with the broncho-pulmonary complications which were so often observed in this disease. The principal facts observed after the inhalations of ozone were the rapid diminution of the duration, the intensity, and the number of attacks of coughing, and the modification of the general condition of the patients. The authors thought that in whooping-cough ozone seemed to have a special antiseptic action.—*New York Medical Journal.*

ACNE.

Dr. Bernard Wolff, in the Southern Medical Record, recommends

R Hydrarg. bichlor., . . . gr. i-ij.
Resorcin, ... 3ss-j.
Aq. lauro-cerasi, . . . 3ij.
Farinæ, ... 3ij.
Lanolin, ... ad 3j.
M. ft. ung.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
THE F. A. DAVIS CO., Publishers.
S. C. BERGER, Business Manager.

Philadelphia, Sept., 1895.

IODINE AND THE IODIDES IN INFANTILE THERAPEUTICS.

THE immense development of medical literature, especially periodical literature, in our generation, quickly brings us all into close relation with every step of progress in scientific and clinical medicine. For laboratory experimentation we must chiefly depend upon great centres and great schools. Close observation by the bedside, however, can be practiced in the most sequestered hamlet. The symptoms of disease and the effects of remedies are daily studied by painstaking physicians all over the country. Our time is so far favored that the medical press disseminates to every corner of the civilized world intelligence concerning the doctrines, methods, and discoveries of the great world-centres of medical learning, teaching, and thought. The man who deprives himself of medical journals deprives himself of efficient assistance in his daily work. By their means, also, we may compare our own methods of practice with those of our brethren at home and abroad.

Few fields are more important than that of infantile diseases and therapeutics. Until of late all too little systematic and clinical instruction was provided by the schools in this department. Now, however, it has attained the rank of a vigorous specialty. The amelioration of suffering and the saving of life among little ones have, without doubt, been promoted by the attentive study of the maladies of the young. We need to be informed as to the variations of disease in those of tender years and the peculiarities of systemic reaction to powerful remedies.

We have taken pleasure, from time to time, in drawing from the writings of Dr. J. Comby

the lessons which an abundant experience has taught him, and which, in form well adapted to the needs of the general practitioner, he has published in the columns of an esteemed exchange. In a recent number* he discourses of the value and position of iodine in diseases of children. This writer draws attention to the fact that iodism is of exceptional occurrence in children, and, the younger the patient, the less is the liability to this accident. The immunity is presumably dependent upon the rapid elimination by the kidneys, salivary glands, and all the emunctories.

In children, as in adults, iodine and the iodides find their special application in syphilis. Hereditary syphilis in the newborn agrees with the tertiary form of acquired disease in demanding the use of the alkaline iodides. The potassium salt is of value not only in cases of undoubted syphilis, but also in cases where a syphilitic basis may be suspected, as coryza, obscure lesions of the buttocks, pseudo-paralysis, etc. Furthermore, even in the absence of any eruption upon the skin or mucous membranes, if the babe is cachectic without reason, if it does not thrive, our author advises that it should be treated as a syphilitic. When a child is born before term and the mother has had one or more abortions, has lost one or more children at a tender age, it is prudent to adopt antisiphilitic treatment. Convulsions without apparent cause, meningeal manifestations, etc., indicate the administration of potassium iodide. At a later period, children afflicted with subcutaneous gummata, osseous tumors, or perforation of the soft palate improve upon the use of the same remedy. Dr. Comby has found iodine efficacious in several cases of paroxysmal hæmoglobinuria occurring among children.

We are justified in giving potassium iodide in other maladies allied more or less indirectly to syphilis (the *parasyphilitic affections* of Professor Fournier), in hydrocephalus, for example; in cerebral tumors, chronic meningo-encephalitis, partial epilepsy, etc. In grave cases it is well to associate the mercuric iodide,

* "De l'Iode et des Iodures en Médecine Infantile," par le Dr. J. Comby, médecin de l'hôpital Trousseau. *La Médecine Moderne*, No. 55, 1895.

as in the syrup of Gibert. If the success of iodine medication is particularly brilliant in syphilitic cases the same method is of undoubted service in many other affections to which children are subject. Among lymphatic, scrofulous, and anæmic children who suffer from glandular engorgements, hypertrophy of the tonsils, and pharyngeal granulations the internal and external use of iodine is beneficial. The potassium or sodium iodide should, in these cases, be given in small doses, and not freely, as in syphilis. Iodine is indicated in the subacute, rebellious, or chronic form of rheumatism, and particularly in nodose rheumatism, which, although rare, has been observed in young children. The conjoined local use of iodine is of service in these cases.

M. Jules Simon prefers to alternate the iodine with colchicum, prescribing for fifteen days from 5 to 10 drops of the tincture of colchicum and, for the remainder of the month, 15 centigrammes (about $2\frac{1}{2}$ grains) of potassium iodide. The asthma of juvenile patients is favorably influenced by the same salt. Severe paroxysms of this disease may occur in very young infants. All pulmonary affections attended by spasmodic attacks, as emphysema, bronchitis, whooping-cough, tracheo-bronchial adenopathy, etc., are benefited by administration of the same remedy. The most tender age is no bar to its employment. Iodine is of service in the obesity of children and endemic goitre. In the latter malady the tincture has been injected with good results. In chronic diseases of the heart and kidneys (nephritis, chronic endocarditis at the period of compensation) the remedy is also of advantage.

It should not be forgotten that certain tumors, abscesses, and empyemas are due to actinomycosis, and in such cases potassium iodide is our main reliance.

The field of usefulness of iodine is large; its contra-indications are few. It should not be given internally in pulmonary tuberculosis, especially when acute or febrile. In emaciated and cachectic infants, when the cachexia does not depend upon syphilis, iodine and its compounds should be avoided, and also, accord-

ing to M. Comby, in pruriginous affections of the skin.

The external use of iodine is a valuable revulsive measure, and our author does not fear the danger of its producing albuminuria, as was observed by Jules Simon in a number of cases where it was applied to large surfaces covered with tinea tonsurans. Dr. Comby derives good results from its topical use in ringworm, alopecia circumscripta, and tinea versicolor. In ulcerative stomatitis, fungous gums, and various chronic anginas painting with the tincture of iodine is an efficacious procedure attended by no inconvenience.

HÆMORRHAGE FROM BOTH EARS IN THE COURSE OF TYPHOID FEVER.

FROM every point of view typhoid fever claims and receives close study. Its wide distribution, insidious beginning, protracted course, debilitating effect, its accidents, complications, and sequelæ combine to make a clinical picture which, though consistent as to outlines, is capable of varying widely as regards its individual features. The classical and schematic descriptions of the text-books, however detailed and excellent, often fail to adequately represent the comparative frequency of aberrant symptoms. It is undoubtedly proper that our mind should be firmly fixed upon the main features of the disease, so that we may secure our own and our patients' advantage by a timely diagnosis. The occurrence of unusual symptoms, however, cannot fail to be of peculiar interest to the observant physician, and deserve record in the literature of our profession.

At the recent meeting of the French Society of Otology and Laryngology, and reported in the *Revue de Laryngologie, d'Otologie, et de Rhinologie*, MM. Molinié and Daunie described a case in which hæmorrhage from the ears was a conspicuous manifestation. A flow of blood from these organs is very uncommon in this disease, and has received but little study. The patient was a girl, 6 years of age, of delicate constitution, tall for her age, but pale, puny, and nervous. For several days she complained of

headache, failure of appetite, and extreme fatigue. She had also several attacks of nose-bleed. On April 12, 1892, she experienced abdominal pain, headache became more severe and persistent, and the fever reached 39° C. (102.2° F.). On the following day an abundant diarrhoea supervened, the abdomen was swollen, and there was gurgling on pressure. The child was very much prostrated, and the temperature had ascended another (centigrade) degree (1.8 F.). On the 14th five or six rose-colored spots appeared upon the abdomen, and were present for four days. Percussion of the spleen showed that the organ was considerably enlarged. The right iliac fossa was painful to pressure, which elicited gurgling.

Without giving a detailed account of the evolution of the disease the authors pass on to describe the unusual feature of the case. On April 19th—that is, seven days after the beginning of the malady—the little patient fell out of bed and slightly bruised her left cheek. The ecchymosis was scarcely visible and disappeared on the following day. On the evening of the 20th there occurred a hæmorrhage from the left ear. The flow of blood was scanty, pure, and of a bright-red color. The child complained bitterly of her head, and prostration was extreme. She gave no answers to questions and, by the watch-test, appeared to have lost her hearing. On the 21st a hæmorrhage took place from the right ear, the blood being of the same character as on the first occasion. The auditory canals were then washed out with boiled water and the ears examined. The aspect was the same upon both sides. The bottom of the meatus near the tympanum was covered with clotted blood. The cavity of the middle ear could not be seen. At the postero-inferior part of the membrana tympani were a violaceous red color and small dark spots. These spots were thought to be caused by small clots adherent to the membrane, and it was inferred that the blood came from the tympanum and had escaped through a perforation. It was impossible, however, to form a decided opinion, as the examination was so painful and the patient so weak. At this time there was complete deafness upon both sides. Upon the

next day an examination was made by a consultant, who apprehended the formation of a purulent collection, but, like the reporters, was surprised at the purity and abundance of the blood. From a study of the blood and culture experiments the complete absence of microbes was demonstrated. Suppurative otitis could therefore be excluded. On the 24th the hæmorrhage and deafness continued, but in the evening the flow from the left ear ceased. On the 26th there were lancinating pains in the right ear. At this time a quite free nasal hæmorrhage occurred, but both the epistaxis and the otorrhagia disappeared upon the succeeding day. In a few days the little girl began to improve, and thenceforward convalescence was unattended by any notable manifestations. On May 7th the ears were again examined. The membranæ tympani were intact and normal in appearance, and the most careful inspection could not detect the slightest perforation on either side. Had there been perforation a restoration *ad integrum* could not have taken place within so short a period. The blood, consequently, could not have come from the middle ear, but must have originated externally to the tympanum. Hearing was speedily regained in perfection.

The authors do not think that the insignificant injury to the cheek had any part in producing the hæmorrhage from the ears. Spontaneous hæmorrhage from the ear independent of all traumatism has been witnessed in various affections. A vicarious flow may occur in amenorrhœa. Leudet mentions an auricular hæmorrhage in a patient suffering from hypertrophic cirrhosis. Luc has studied neuropathic hæmorrhages from the ear without perforation of the drum. The same phenomenon has occurred in grippe. Sometimes the hæmorrhage is but the precursor of perforation during the development of an acute otitis media. At other times there is merely a hæmorrhage from the drum-membrane itself without perforation. It is in the latter category that this case falls. It is distinguished, moreover, by the quantity and characters of the blood which escaped. In the hæmorrhages following grippe the flow was scanty and the blood was coagulated and blackish in color.

In the case related, however, it was bright red and quite abundant. The cause of the flow of blood from both tympanic membranes is difficult to discover.

MEDICAL NEWS AND MISCELLANY.

CHANGE OF ADDRESS.—Dr. W. Xavier Suduth, from Minneapolis, Minn., to 100 State Street, Chicago.

OBITUARY.—Our foreign exchanges announce the death of Professor Moos, of Heidelberg, the eminent otologist.

DR. S. F. MATHER, who recently died at Kansas City, left \$175,000 to the Methodist University of that city.

THE thirty-fifth annual meeting of the American Dental Association was held at Asbury Park, N. J., on August 6th.

NEW ASYLUM.—The Sisters of Mercy of Dubuque, Iowa, will build a private hospital for insane at an expense of \$125,000.

THE Italian Society of Laryngology, Otology, and Rhinology will meet at Florence on September 24th and the following days.

HONORARY.—The honorary degree of LL.D. has been conferred on Dr. S. Weir Mitchell, of Philadelphia, by the University of Edinburgh.

ELECTED.—Dr. Donald Macrae, Jr., of Council Bluffs, Iowa, has been elected to the Chair of Anatomy in the Omaha Medical College.

RESIGNATION.—Dr. J. B. S. Holmes has resigned the Chair of Adjunct Professor of Obstetrics and Gynecology in the Southern Medical College.

JOURNALISTIC CHANGE.—The Southern Medical Record has changed hands, and will hereafter be edited by Dr. Bernard Wolff, Dr. Dan Howell retiring.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen have been elected members of the Council: Messrs. Treves, Butlin, Cooper, and Ward Cousins.

GRATITUDE.—*Fair Patient*: Oh, Doctor, you have been so attentive to me! If I should die I would certainly leave you my body for vivisection!—*Harper's Bazar*.

THE fifth annual meeting of the American Electro-Therapeutic Association is to be held at the College of Physicians and Surgeons of Ontario, in Toronto, Canada, on Tuesday, Wednesday, and Thursday, September 3, 4, and 5, 1895.

THE following were recently elected corresponding members of the French Academy of Medicine: M. Hoppe-Seyler, of Strasbourg; M. Dragendorf, of Dorpat.

THE forty-third annual meeting of the American Pharmaceutical Association convened at Denver, Col., commencing on Wednesday, August 14, 1895, at 3.30 P.M.

CHANGES.—Professor Trendelenburg has been called to take Professor Thiersch's place in Leipzig. Professor Mikulicz succeeds Professor Trendelenburg in Bonn.

ADDRESS ON GYNÆCOLOGY.—The address at the autumn meeting of the Tri-State Medical Society at Des Moines will be delivered by Dr. Howard A. Kelly, of Baltimore.

MR. JOHN LENTAIGNE has been elected without opposition to fill the seat on the Council of the Royal College of Surgeons (Ireland) vacant by the death of Sir George Porter.

THE thirty-second annual British Pharmaceutical Conference was held at Bournemouth on the 29th, 30th, and 31st of July, under the presidency of Mr. N. H. Martin, F.L.S.

THE next annual meeting of the Erie Railway Surgeons' Association will be held at Buffalo, N. Y., on Tuesday, October 1, 1895, under the presidency of Dr. E. Griswold, of Sharon, Pa.

THE fifty-fourth annual meeting of the Medico-Psychological Association of Great Britain and Ireland was held on Thursday, July 25th, and the two following days, under the presidency of Dr. David Nicholson.

THE S. D. Gross prize of \$1000 has been awarded to Dr. Oscar H. Allis, of Philadelphia, for his essay entitled "An Inquiry into the Difficulties Encountered in the Reduction of Dislocation of the Hip."

REMOVAL.—Dr. Frank Parsons Norbury will remove to St. Louis September 1st, and resume the editorial management of the Medical Fortnightly. Dr. Hubert Work, of Pueblo, has been elected first associate editor.

MEMORIAL TO DUJARDIN-BEAUMETZ.—A bust of the late Dr. Dujardin-Beaumetz has, by means of subscription, been paid for and placed at the Cochin Hospital, in the court where the pavilions due to his initiative are constructed.

FOREIGN UNIVERSITY INTELLIGENCE.—Bordeaux: MM. Cannieu and Pachon have been appointed *professeurs-agrégés* of anatomy and physiology, respectively. Lyons: MM. Siraud and Durand have been appointed *professeurs-agrégés* of anatomy, and M. Doyon *professeur-agrégé* of physiology. Melbourne: Dr. F. D. Bird has been appointed lecturer on surgery. Montpellier: MM. Mouret and Delezenne have

been appointed *professeurs-agrégés* of anatomy and physiology, respectively. Palermo: Drs. Mirto, Ficano, di Blasi, and Foderà have been recognized as *privat-docenten* in psychiatry, laryngology, hygiene, and pharmacology, respectively. Nancy: MM. Jacques and Lambert have been appointed *professeurs-agrégés* of anatomy and physiology respectively. Naples: Drs. Jappelli, Baculo, Costabile, and Screvini have been recognized as *privat-docenten* in physiology, general pathology, pharmacology, and odontology, respectively. Paris: M. Thiéry has been appointed *professeur-agrégé* of anatomy. Prague (German University): Dr. von Wunschheim has been appointed *docent* in pathological anatomy. Dr. Hugo Rex, Dr. J. Pohl, and Dr. Steinach have been promoted to extraordinary professorships of anatomy, pharmacology, and physiology, respectively.—*Lancet*.

SURGEON TO HER MAJESTY.—Sir Philip Smyly has been appointed to the surgeoncy to Her Majesty vacated by the death of Sir George Porter. Sir Philip is surgeon to the Meath Hospital and representative of the Royal College of Surgeons in Ireland in the General Medical Council.

HONORED.—On the occasion of the marriage of the Duke of Aosta the King of Italy conferred on Dr. Vintras, senior physician to the French Hospital and physician to the Italian Embassy, the Order of St. Maurice and St. Lazare (Officier) for the services he has rendered to the poorer members of the Italian colony in London.

PROPOSED MEMORIAL TO PROFESSOR HUXLEY.—It has been decided to establish, in connection with the Charing-Cross Hospital Medical School, a permanent memorial to one of its most distinguished students,—the late Professor Huxley. It is proposed that the memorial shall take the form of an annual lecture and a science scholarship and medal.

OBITUARY.—Prof. Franz von Ried, the oldest of German surgeons, died this summer at Jena, aged 85. He was a pupil of Michael Jaeger, at Erlangen, and lectured in his place for some time. In 1846 Ried was appointed Professor of Surgery in the University of Jena, and this appointment he continued to hold till 1884, when he retired.

HONORS FOR M. ROUX.—The Paris correspondent of the British Medical Journal writes: "At the end of last year the Municipal Council decided to give to Dr. Roux, in the name of the city of Paris, a gold medal. A few days later the General Council came to the same decision. On July 4th these medals were formally presented to Dr. Roux at the Hôtel de Ville. M. Pasteur was unable to be present on account of ill health. Dr. Roux replied to the numerous com-

plimentary speeches by saying that he had worked under the direction of M. Pasteur and had only developed what others had done before him."

ABSORPTIVE POWER OF THE VAGINA.—Coen and Levi have recently made some observations on the absorptive power of the vagina under various conditions of health and disease. Iodide of potassium is easily absorbed. If a tampon soaked with a 20-per-cent. solution be introduced into the vagina, iodine can be found in the urine in an hour. The excretion reaches its maximum in twenty hours. Fever and pregnancy increase the absorption. Hysterectomy makes no difference. Iodoform is absorbed slowly and in very small quantities, but more if fresh than if old. Salicylic acid is absorbed quickly, appearing in the urine in one hour and disappearing in twenty-four hours. Salol is very readily absorbed. Antipyrin is excreted in an hour and a half and is found for forty-eight hours, but its antipyretic action is feeble as compared with administration by the stomach. In brief, the vagina has undoubted absorptive power, and this is increased in pregnancy, in the puerperal state, and pyrexia.—*Medical and Surgical Reporter*.

DEATH AND SUDDEN DEATH.—In his book on the above subject M. Brouardel gives a number of causes of sudden death which are little known and, fortunately, extremely rare. Gonorrhœa, for instance, may lead to sudden death. Four or five cases of sudden death from gonorrhœa in the male have been reported in Germany. In France only one case has been reported. The medico-legal autopsy showed a phlebitis in the prostatic venous plexus and pulmonary embolism. Of a similar nature was the case of a girl of 16 upon whom Brouardel performed the autopsy. A gonorrhœa resulted in phlebitis of the veins of the left broad ligament, which was followed by thrombosis of the left iliac vein and fatal embolism.

In such a condition as this, in a pregnant or a non-pregnant woman, with disease of the adnexa or uterus, an ordinary vaginal examination may be the cause of sudden death. In addition to a case seen by Brouardel while he was an interne, he has twice seen cases of this sort,—namely, sudden death from vaginal examination, in a physician's office. Lovain had a case in which sudden death of a young girl was caused by a vaginal douche given in the treatment of gonorrhœa. It is well to remember that vaginal examination may have a result less grave, but none the less important from the point of view of the physician's responsibility. M. Tarnier has reported that two women upon whom he had practiced vaginal touch aborted on the same evening, and that neither of them could be

suspected of having taken any measures to bring on abortion.—*College and Clinical Record.*

THE MONTHLY ILLUSTRATOR.—The leading number of this excellent art journal is devoted to the work of a prominent American artist, Frederick Dielman, more than a dozen of whose paintings and sketches serve as admirable illustrations to an appreciative paper by Alfred Trumble upon the work of this "painter of the beautiful." This is followed by the fourth of Arthur Hoeber's papers, entitled "My Pet Subject," which serves as a vehicle to exhibit the preferences in choice of *motif* of several well-known men and women. Thus, the first twenty pages of *The Monthly Illustrator* for August exhibit the work of not less than twenty artists, including Frederick Dielman, W. Verplanck Birney, M. F. H. de Haas, James A. Fraser, W. T. Thomson, James Symington, and others of reputation.

Among the special features of the August number of *The Monthly Illustrator* is a series of four wholly original portraits of popular actresses, especially photographed in character for this magazine. This feature is likely to be continued in future numbers, under the title of "Types from the Stage." Four masterpieces by Woldemar Friederich, representing scenes and characters in the old German legend, "The Wild Huntsman," are also given. There are twelve of these in the set, including four which will appear in the September number.

Among the more miscellaneous articles in *The Monthly Illustrator* for August are the fourth of Dr. Hoffman's instructive papers on the development of aboriginal pottery in America, as studied in and illustrated from the collections of the National Museum; a delicately-written essay by Dr. C. C. Abbott, entitled "In a Village Garden," adorned with many photographic reproductions of garden-flowers; an account of "Some Foreigners in California," by the traveler, Henry M. Finck, through which are scattered charming pictures of Indians, Mexicans, Chinese, and other picturesque dwellers on the Pacific coast; and an article on "Costumes in the Time of Napoleon," by Helen Ingersoll, which is full of curious facts and illustrated by a great many charming little drawings.

"KEIL'S MEDICAL, PHARMACEUTICAL, AND DENTAL DIRECTORY."—George Keil, 1715 Wilmington Street, Philadelphia, announces the early publication (fourth edition) of the "Medical and Dental Register-Directory and Intelligencer" for the States of Pennsylvania, New York, New Jersey, Maryland, Delaware, and the District of Columbia. It will present not only a complete list of all medical and dental practitioners in the States named, with place and date of graduation, but also lists of professional educational institu-

tions, hospitals, asylums, etc., and will be of much practical value to all members of these professions.

WILLIAM F. JENKS MEMORIAL PRIZE.—The William F. Jenks memorial prize of \$500, under the deed of trust of Mrs. William F. Jenks, has been awarded to A. Brothers, M.D., 162 Madison Street, New York, for the best essay on "Infant Mortality During Labor, and Its Prevention." The prize committee also reports as highly meritorious the essay on the same subject bearing the motto "*Vade Mecum.*" The writers of the unsuccessful essays can have them returned to any address they may name, by sending it and the motto which distinguished the essay to the chairman of the prize committee, Horace Y. Evans, M.D., College of Physicians, Philadelphia.—James V. Ingham, Charles S. Wurts, I. Minis Hays, trustees of the Wm. F. Jenks Memorial Fund.

ON THE EARLY DIAGNOSIS AND TREATMENT OF WHOOPING-COUGH.—In an article by M. Vignol the symptoms by which an early diagnosis may be arrived at are discussed. The attack of stridulous laryngitis, which sometimes appears at the beginning, is comparatively rare, and seems to be peculiar to the patient rather than to the disease. Grinding of the teeth and sneezing are symptoms which may occasionally have a signification. Redness of the conjunctiva may be early noticed in catarrhal cases, and may exceptionally be associated with photophobia. The only true guide, however, to a diagnosis lies in the characteristics of the cough itself, which are somewhat subtle, but rarely absent. After a catarrhal period of two or three days' duration a peculiar cough sets in, which is not convulsive, but in which the nervous element can be detected. It is more frequent at night, sometimes exclusively nocturnal. There are no physical signs at this time in the lungs, and there is no expectoration. This lasts two or three weeks, during which its nervous character becomes more pronounced, and finally the distinctive cough sets in. It is very advantageous, if possible, to recognize the disease in the early period of its invasion and isolate the patient. Antispasmodics, the writer thinks, still form the basis of our treatment. Of them, he prefers belladonna and bromide of potassium. In addition, he recommends the diffusion of some antiseptic through the air of the apartment. Among other methods of securing this, he recommends the placing of a ball of camphorated naphthalene under the child's pillow.—*Montreal Medical Journal.*

FATAL POISONING BY QUASSIA.—Dr. Venn, in the *Medical Age*, reports a case of fatality in a child as the result of the administration per rectum, for the relief of pin-worms, of an infusion

of quassia, 2 ounces to the pint. This is the first case of the kind on record, though, as Dr. Wood remarks in commenting on this case, the experiments of Hoppe show that the active principle of quassia "is a poison to frogs, especially affecting the nerve-trunks and the muscles; 15 milligrammes of this principle causes, in man, violent frontal headache, vertigo, excessive nervous restlessness, with pronounced evidence of toxic gastro-enteritis, such as burning pains, vomiting, and diarrhoeas." In Dr. Venn's case nearly a pint of the infusion was employed, and ten minutes later the child became livid, its lips cyanosed, and the skin of a waxy hue. When seen, respiration was shallow and labored, muscles entirely relaxed, and pulse imperceptible.—*Western Druggist*.

OFFICER AND NO SOLDIER, LIEUTENANT-COLONEL AND NO DOCTOR.—A story is told of a young subaltern who, at a ball, was addressed by a general as "soldier." He tartly retorted that he was "not a soldier, but an officer." "All right, officer and no soldier," said the general, "how old are you?"

The youth might easily have been excused; but such snobbery in a gray-headed member of our profession is unpardonable, and shows the ridiculous effect of giving medical gentlemen high-sounding military titles. We quote from the *Anglo-Indian Recorder* :—

"A lady, residing at an up-country station, wrote to the military medical-officer, who was, to boot, 'Civil' Surgeon of the station: 'Dear Dr. —: I am sorry to say baby has a gum-boil; would you kindly call over and bring your lancet?' She received in reply a memo. to the effect that there was no such person as 'Dr.' — in the station; but she was equal to the occasion, and wrote again: 'Dear Brigade-Surgeon Lieutenant-Colonel —: Sorry to tell you baby has a gum-boil; would you kindly come over and bring your sword?'" — *Indian Medical Record*.

A MOTHER INFECTED WITH PRIMARY SYPHILIS FROM HER OWN SYPHILITIC CHILD.—Colles rules that a mother cannot be infected by her own syphilitic child, but a different tale was told by a woman of 31 who, during thirteen years of married life, had had eight children and no miscarriages. Of the eight children three died in infancy, while, with the exception of the baby, the others were in good health. Complaining of ulcers on her breast, she was examined by Senior Assistant-Surgeon A. Lucas, F.R.C.S., who found that the ulcers, which had all the characteristic signs of "hard" sores, were situated about ten inches away from the nipple, and extended nearly two-thirds around the breast. The 8-month-old baby that she was nursing had snuffles and the *café-au-lait* complexion,

condylomata on the anus, and in the mouth there were ulcers that had appeared when the child was 6 months old. The ulcers on the mother's breast had appeared a month later, and careful inquiry showed that the infection was from her child, and not from her husband, who was perfectly healthy. She was treated with black wash and hydrarg. cum creta, under which the chancres began to clear up; but a secondary rash appeared on her arms and chest, and she had some pharyngitis. Unfortunately, she stopped further treatment and observation by ceasing to attend the hospital.—*Indian Medical Record*.

CURRAN ANECDOTES.—Curran's ruling passion was his joke, and it was strong, if not in death, at least in his last illness. One morning, his physician observed that he seemed to "cough with more difficulty."

"That is rather surprising," answered Curran, "for I have been practicing all night."—*Ex*.

APPOINTMENT.—Dr. Samuel S. Adams has been appointed to the Chair of Diseases of Children in the University of Georgetown, a full professorship having recently been created. Dr. Adams lectured on that branch at Georgetown from 1879 to 1884, and now resigns as Professor of Clinical Pædiatrics in Columbian University to accept this higher honor from his *alma mater*.

A NEW CASE OF DYSTROPHIE PAPILLAIRE ET PIGMENTAIRE (ACANTHOSIS NIGRICANS).—J. Darier, in presenting the case of acanthosis nigricans, calls attention to the fact that the patient had suffered from grave digestive disturbances for several years, the author considering the relation between the abdominal disease and the cutaneous lesions a definite one. The latter, although present but six weeks, were well marked. The patient was a man, 30 years of age, who showed a brownish discoloration of certain regions of the skin, accompanied by a wrinkled, warty appearance of the same areas and in areas non pigmented. There was no desquamation. The skin on the palms was thickened. Sweating was slight and sensory disturbances were absent. The parts showing the greatest discoloration were the neck, the folds of the joints, and the epigastric region. The mucous membrane of the tongue was velvety, and upon its surface were seen long papillæ, which, upon removal, left a scratch-mark. The conjunctivæ were slightly jaundiced. The papillomata mentioned above were found upon the shoulders, about fifteen on each side, while upon the back and the anterior surface of the thorax numerous nævi of various colors were seen.

The patient was suffering from symptoms which Darier considered to be almost certainly

due to carcinoma of the stomach. The father of the patient had died of the latter disease, and the author states that, in his mind, there is no doubt as to the relation existing between acanthosis nigricans and malignant disease in the abdomen.—*American Medico-Surgical Bulletin*.

CONCERNING CERTAIN QUESTIONS RELATING TO HEREDITARY SYPHILIS.—E. von Düring writes that his varied experience has forced upon him the following conclusions in regard to hereditary syphilis: When the placenta becomes the seat of disease the specific mother may infect a healthy foetus; so, likewise, can the foetus infect the mother. If the placenta act as a filter the products of metabolism of the syphilitic mother poison a previously healthy impregnation; on the other hand, the products of metabolism in the spermatally-infected foetus may inoculate the previously healthy mother. This infection, both in the mother and the foetus, is dependent upon several factors, such as the degree of intoxication, the individual disposition, etc.; and, in consequence of the variability of the factors, we may have a systemic poisoning or complete immunity. A latent intoxication may be present, rendering the patient refractory to infection at the time, but developing, later on, cachexia or, in the case of a child, even the lesions of tertiary syphilis.—*American Medico-Surgical Bulletin*.

RELATION OF BASEDOW'S DISEASE TO DISEASES OF THE FEMALE SEXUAL ORGANS.—Dr. Theilhaber, from a study of this subject, both in his own observation and the literature, comes to the following conclusions:—

1. Basedow's disease may be caused by pregnancy or, if already existing, it may be aggravated.
2. On the contrary, pregnancy may have a favorable influence.
3. It may also be produced by puerperium or lactation.
4. On the contrary, the lying-in period may have a favorable action.
5. Atrophy of the genitals is frequently noted in this affection.
6. This atrophy does not always prevent conception.
7. This atrophic change is not the cause, but the result, of the disease.
8. It is dependent upon vasomotor influences, and not upon anæmia nor cachexia. The appearance of uterine atrophy is by no means a sign that the case is grave, for it accompanies both slight and severe forms. Its appearance is not fixed by any rule.
9. A complete restoration to the normal of this atrophic process is possible.

10. Genital affections outside of the puerperium and pregnancy rarely play an important part. Here and there a gynecological affection may, by severe hæmorrhages, so weaken a subject that she is thereby predisposed to Basedow's disease. As a rule, special gynecological treatment is unnecessary, for the uterine atrophy disappears with improvement of the primary disease.

MEDICAL DEPARTMENT OF SYRACUSE UNIVERSITY.—The old buildings having for years been totally inadequate to the needs of the institution, an effort has successfully been made to provide funds for the erection of a new edifice. The plans of a commodious structure, with ample space for various laboratories, have been drawn. The work of demolishing the old building was recently begun and it is expected that the new edifice will be completed in a few months.

DIAGNOSIS OF SEROUS EFFUSIONS BY ACETIC ACID.—It is sometimes a very delicate task to determine, in cases of serous effusion, whether we have to deal with an inflammatory exudate, as in pleurisy or peritonitis, or a simple transudation, as in hydrothorax and mechanical ascites. Primavera has facilitated this research by showing that acetic acid precipitates the paraglobulin held in suspension in inflammatory exudates. Rivolta points out a practical means of using this test for differentiation. Two successive examinations are made, controlling each other: 1. In a small quantity of fluid, attained by puncture and filtered, is placed a drop of slightly-diluted acetic acid; in the case of an exudate a slight white precipitate is immediately formed, which follows the drop as it falls to the bottom; in the case of a transudate the liquid is colored throughout. 2. In a test-tube are placed 200 to 300 c.c. of distilled water to which has been added 1 drop of glacial acetic acid to each 100 c.c. of water; a drop of the liquid to be examined is allowed to fall into the tube, when, in case of an exudate, it will form a whitish-blue flocculent precipitate which falls to the bottom. If some more drops of acetic acid be added this precipitate completely disappears. This test must always be carried out to exclude a precipitate of insoluble mucin.—*Journal of the American Medical Association*.

CYTISIN POISONING.—Saake describes three cases of poisoning by fruit of *Cytisus laburnum* occurring in children aged 4, 4, and 3 years, respectively. The symptoms somewhat resembled cholera, but there were general clonic convulsions, and the temperature was raised. There was also some likeness to strychnine poisoning. The green masses in the vomit and stools suggested poisoning by cytisin. In the one fatal case the mucous membrane of the alimentary canal was mostly pale. In the stomach there

were a few ecchymoses, and in the sigmoid flexure there was some redness in the desquamation of epithelium. The brain was much congested. Changes were also present in the kidneys, consisting of minute hæmorrhages beneath the capsule and necrosis of the renal cells in the convoluted tubes. The nuclei of the liver-cells also stained badly. No certain cytisin reaction was obtained in a chemical examination of the organs, but cytisin was found in the stools. The contrast between the anæmic condition of the mucous membrane of the alimentary canal and the engorgement of the brain and meninges was striking. The symptoms consisted in a very acute diarrhœa, with desquamation of the epithelium of the lower colon and rectum, a rise of temperature, and clonic convulsions, involving the majority of the voluntary muscles. In one case the diarrhœa continued for twelve days, with abdominal distension. In all three cases there was a greatly diminished excretion of urine up to anuria. Prostration is common to all severe diarrhœas. The treatment generally consisted in an emetic and castor-oil at the outset and small doses of opium later; in the case in which the diarrhœa persisted for several days large rectal injections were used.—*British Medical Journal*.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—The meeting of this flourishing association takes place at Detroit, September 3d to the 6th. A preliminary programme, containing the titles of papers to be read and the names of their authors, has been issued. The annual address on medicine is to be delivered by Prof. William Pepper, of Philadelphia.

THREE CASES OF HEREDITARY RUMINATION.—Runge has reported three cases of rumination in grandparent, parent, and child. The grandfather was for many years in the habit of regurgitating coarse particles, ejecting them, however, without remastication. Heartburn was complained of at times, but was not coincident with the regurgitation. The father was a vigorous man of scientific tendencies, but in excellent health. He admitted rumination for ten or more years. The foodstuffs that he masticated consisted principally of lettuce, potato, asparagus, gristly meat, etc. The act occurred at any time after the meal, usually early, but occasionally as long as five or six hours afterward. The tongue was coated and flatulence existed. The child, a boy of 7, had been addicted to the ruminating habit for but a short time, and this was first noticed during a transatlantic voyage. *Philadelphia Polyclinic*.

A DANGEROUS POPULAR ANTISEPTIC.—Leder-mann publishes, in the New York Medical Journal, an account of a case of diffuse

external otitis, of an extremely severe and resistant type, due to taking a friend's advice and treating a slight itching of the ears with carbolic acid. The strength employed is not known. "Some pure carbolic acid was poured into a glass of water and syringed into the ears." Ocular symptoms and carboluria showed the systemic poisoning, and the patient was in great danger of atresia of one of her auditory canals.

The popular knowledge that carbolic acid is an antiseptic is productive of a great deal of harm. The fact that it was the first antiseptic employed by Sir Joseph Lister in wound treatment has been in many ways unfortunate for the human race. Surgeons have until recently regarded it as indispensable to have their instruments in a tray of carbolic solution, which, if strong enough to sterilize the instruments, destroyed the surgeon's hands for practical purposes; and if, as was usually the case, it was so weak as not to actually burn the hands, did no good as an antiseptic,—circumstances which were bad for the patient, the surgeon, and all concerned. The disadvantages of carbolic acid, however, can be best seen in out-patient clinics, whither patients continually come with the skin of their hands parboiled and peeling off, exposing the raw subcutaneous tissue, more or less eroded by the carbolic acid which a kind friend has advised them to use for a slight cut, or burn, or abrasion. The desirability of ascertaining the strength of what they are using does not occur to them. They are the victims of popular "Listerism" in its most primitive form. If the lay mind could only be made to appreciate that carbolic acid is always dangerous and seldom efficient as an antiseptic, a great deal of unnecessary suffering would be prevented.—*Boston Medical and Surgical Journal*.

THE NERVE THEORY OF MENSTRUATION.—Christopher Martin, in a well-studied paper, concludes as follows: 1. Menstruation is a process directly controlled by a special nerve-centre. 2. That this centre is situated in the lumbar part of the spinal cord. 3. That the changes in the uterine mucosa during the period are brought about by catabolic nerves, and during the interval by anabolic nerves. 4. That the menstrual impulses reach the uterus either through the pelvic splanchnics or the ovarian plexus,—possibly both. 5. That removal of the uterine appendages arrests menstruation by severing the menstrual nerves.—*Montreal Medical Journal*.

AFFECTIONS OF THE EYES DUE TO DYSMENORRHŒA.—Dr. Gallemaerto reports two cases with functional affection of the eyes due to dysmenorrhœa. The author gives a brief review of the work in this direction. The acuteness of vision and the field of vision during menstua-

tion has been studied by Finkelstein. The author found that there was no change in central vision, but that there was a contraction of the field of vision, which commenced two or three days before the period, attained its maximum on the third or fourth day of menstruation, and ceased about the eighth or ninth day. This change of the field of vision was attended with other nervous phenomena, such as headache, palpitation, etc. The contraction was not alone for white, but also for red, yellow, and blue.—*Ibid.*

JUST'S FOOD.—This preparation has recently been introduced as an excellent food for infants and as an easily assimilable nutrient for adults. Based upon extensive chemical analyses, it has been determined that, when cows' milk is properly diluted with water and a proportionate amount of Just's food added, a mixture is produced which more nearly corresponds to mothers' milk than any other preparation on the market. The clinical reports already obtained from its use show that it fulfills every indication in a practical way that would be expected from its composition. Prepared from superior cereals, it is artificially digested to such an extent that but little additional effort is required in order to complete the process.

When Just's food is properly mixed with milk, it is found that, during digestion, the casein coagulates in flocculent masses, as in mothers' milk, and not in large clots, as when cows' milk is used alone. For this reason the use of this food becomes extremely valuable.

MEDICAL-PRACTICE LAWS OF DIFFERENT STATES.—In answer to a correspondent we subjoin a list of States in which it is necessary to pass an examination before a State or County Medical Examining Board: Alabama, Arkansas, Delaware, Florida, Georgia, Illinois, Maryland, Minnesota, Mississippi, Montana, New Jersey, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Texas, Utah, Virginia, and Washington.

ANNUAL REPORT OF THE MEDICO-CHIRURGICAL COLLEGE HOSPITAL.—The tenth annual report of the Medico-Chirurgical College Hospital just published shows the work accomplished by the institution during the past year.

No institution in the history of medicine and surgery has made such progress and enlarged its field of charity to the extent of this young medical school and hospital. The result must be most gratifying to the board of managers.

The training-school for nurses attached to the hospital is one of the most thorough in the city. The maternity department is under the personal supervision of Professor W. Frank Haehnlen, and has given relief to many patients in the

lying-in department. In the hospital during the year 980 patients were treated in the private rooms and wards. In the receiving-ward 1229 accident cases, while in the dispensary-service 24,391 were treated, and in the drug-store 32,220 prescriptions were dispensed. Of this number 3240 were given to patients too poor to purchase medicines. In the eye department the increase of the number of patients has been very marked; 2176 new patients were examined, 1296 prescriptions for glasses and 335 operations performed, 40 cataracts removed, and 42 crossed eyes straightened.

Professor Charles W. Burr, who has charge of the nervous dispensary, has treated 200 cases in his department alone this year. More than in any previous year of the hospital.

The department of the nose, throat, and ear has prescribed for over 300 patients. 3000 visits were made by the old and new patients.

The Ladies' Aid Society—consisting of such philanthropic workers as President Mrs. L. Webster Fox, 1304 Walnut Street; Vice-President Mrs. C. W. Bergner, 1527 Walnut Street; Treasurer and Secretary Mrs. W. Easterly Ashton, 2011 Walnut Street; Mrs. J. V. Shoemaker, Mrs. William H. Pancoast, Miss Pancoast, Miss M. Pancoast, Miss Exeon, Mrs. E. O. Shakespeare, Mrs. Edwin S. Cramp, Mrs. George F. Fox, Mrs. Henry E. Busch, Miss Warburton, Mrs. Alexander B. Cox, the Misses Conaway, Mrs. Megargee, Mrs. E. Burd Grubb, Mrs. Ed. H. Hance, Mrs. W. T. Carter, Miss Sinnickson, Mrs. William G. Buehler, and Mrs. E. L. Lewis—has furnished a number of rooms, supplied linen, and established a cooking-school for nurses, and a special course in invalid cooking has been inaugurated.

The Medico-Chirurgical College, during the past year, has also shown a large increase of students over former years, and the year to come promises a larger percentage of increase. The difficulties between the Philadelphia Dental College and the Medico-Chirurgical College have been amicably adjusted. The Dentals will leave the plant and seek quarters elsewhere, while the Medicos will enlarge the college hall in keeping with the demands of the ever-growing classes. One of the finest amphitheatres in the country is being planned by Frank Miles Day, the architect. Everything is to be in the most modern and thoroughly up-to-date style. One of the features of this hall, which will have a seating capacity of six hundred students, will be the thorough flushing of the amphitheatre with water after each day's lecture. By this means the best hygienic surroundings will be maintained. Nothing will surpass the private operating-rooms of the surgeons. Professors Ashton and Anders are now in Europe visiting the sur-

gical centres,—Paris, Berlin, and Vienna,—for plans.—*Philadelphia Call*.

MELANCHOLIA CURED BY INTRA-NASAL OPERATION.—F. H. Bosworth, M.D., describes the case of a man, aged 42, who suffered from depressive melancholia, at first periodical, but later constant, who became unfitted for business. He complained of the eyeballs feeling as if too large for the sockets and of a bursting pain between the eyes. He had at different times been operated on for varicocele, stricture, ligation of the pudic artery, removal of the testicles, and hæmorrhoids. He had worn glasses, had his eye-muscles cut, and one eye enucleated. He had been circumcised, had his spine cauterized, and worn a seton in his neck. Examination of the nose showed the right nostril nearly occluded by a thickened bulging of the cartilaginous septum and the left middle turbinate thickened, with myxomatous degeneration, and evidences of ethmoid disease. The nostrils were freed with saw and snare, and all symptoms quickly disappeared. The man has since remained perfectly well.—*International Medical Magazine*.

THE seventh annual meeting of the Tri-State Medical Society of Alabama, Georgia, and Tennessee, will be held at Chattanooga, Tuesday, Wednesday, and Thursday, October 8th, 9th, and 10th.

PURPERAL POLYNEURITIS.—Dr. Lunz, of Warsaw, has recorded in a recent number of the *Deutsche medicinische Wochenschrift* an interesting case of this rare and peculiar condition, in which the symptoms differed considerably from those usually recognized. In the usual form there is an isolated neuritis of the upper or lower extremities, while the case here mentioned resembles more closely post diphtheritic paralysis, inasmuch as difficulty in swallowing and diplopia were present, and also, what is rare in diphtheritic paralysis, an affection of the face. With regard to the etiology of the condition, it does not seem to follow only a pathological puerperium. Dr. Lunz believes that cases can be divided into three groups: a pyæmic or septic group, in which the neuritis follows some local infection; a cachectic form, which succeeds grave disturbance of nutrition, such as may be produced by loss of blood, persistent vomiting, etc; and a third group, in which neither infection nor cachexia can be regarded as the cause, but in which the psychical disturbance which the confinement produces is to be regarded as determining the onset just as it probably does of the puerperal psychoses which occur without puerperal infection. He urges, in conclusion, that obstetricians and psychologists should co-operate to elucidate the obscurities of these important and little understood conditions.—*American Practitioner and News*.

POLYURIA DUE TO TUBERCULAR PERITONITIS.—William S. Gordon, M.D., of Richmond, Va., reports the case of a negro child, aged 6 years, suffering from tubercular peritonitis, who drank from a half-gallon to a gallon of water daily and who passed an equal quantity of urine. The analysis of the urine showed the specific gravity to be 1000, reaction acid, and the absence of albumin, sugar, and phosphates. In this case the abdominal symptoms were not marked until rather late in the course of the disease, and it is interesting to note the occurrence of the polyuria in spite of the absence of these symptoms. It is believed by the author that abdominal disease leads to polyuria by pressure upon the abdominal blood-vessels or by stimulation of the abdominal vaso-constrictor nerves, thus increasing renal blood-pressure.—*International Medical Magazine*.

TUBERCULOUS INFECTION OF THE EYE.—Dr. Ludwig Bach states that tuberculosis exists much more frequently than is usually supposed as an etiological affection in various eye affections, and especially in the diseases of the uveal tract. He lays stress upon the four following points: 1. Tuberculosis of the eye is by no means a rare affection. 2. All parts of the eye may be attacked by the disease. 3. It plays a particularly important rôle in diseases of the uveal tract. 4. The eye disease may be the only and earliest manifestations of the tuberculous infection.—*Fort Wayne Medical Magazine*.

THE PASTEUR INSTITUTE.—The State has passed an act endowing this institute with \$6000 a year in aid of its beneficent work. It is a high compliment to Dr. Paul Gibier's labors, and such an indorsement as the merits and importance of that institute deserves.

FORBES WINSLOW, M.D.—This distinguished physician and alienist will read a paper before the Medico-Legal Congress, in September, entitled "Suicide Considered as a Mental Epidemic." He has been invited by the committee to preside, at one session of the congress, over the Department of Mental Medicine.

OFFICERS of the New Jersey State Board of Medical Examiners have been elected as follows: President, Dr. Edwin de Baun, of Passaic; Secretary, Dr. William Perry Watson, of Jersey City; Treasurer, Dr. A. H. Worthington, of Trenton.

EXTENSION.—The Medico-Chirurgical Hospital has purchased three properties on the east side of Eighteenth Street, between Race and Cherry, for an aggregate consideration of \$60,000. One of the properties, 229 feet south of Race, was secured from Caroline H. Woodruff for \$20,000, the lot being 19 by 130 feet. The second, which is 210 feet south of Race, was

bought of Richard M. Shoemaker at the same price, and measures 19 by 126 feet. The third property, which is 20 feet north of Cherry, and which measures 20 by 126 feet, was purchased from Mary E. Suddards for \$20,000. These properties, which back up against the hospital building, will give the latter a frontage of 58 feet on Eighteenth Street.—*Public Ledger*.

TYPOGRAPHY A ROMAN ART.—It is stated on the authority of the Foia Diecessana, the official paper of the Greek-Roman bishopric of Carau-sebes, in South Hungary, that unmistakable evidence of the art of typography has been discovered among the ruins of Bersovia, in Dacia, an old province established as a colony by the victorious Romans on territory then acquired by them. The discovery is attributed to the architect and archaeologist, Adrian Diaconu, who, it is said, found evidence of the use even of movable type by the Romans at this colony, and particularly by those of the fourth legion, Flavia Felix. Two members of the Bucharest Scientific Academy confirm Diaconu's opinion, having examined the evidence and declared the discovery to be of the utmost importance. If these facts be really true, the honor of inventing typography will no longer reside with the Germans nor with the Italians, who attributed the discovery to Panfilio Castaldi.—*Journal of the American Medical Association*.

APPOINTMENT.—Dr. Matthew C. McGannon, instructor in diseases of women at the New York Post-Graduate Medical School, has accepted the chair of professor of diseases of women and abdominal surgery at the University College of Medicine at Nashville, Tenn. Dr. McGannon was for five years surgeon to the St. Vincent de Paul Hospital, at Brockville, Ont., giving special study to diseases of women.

OBITUARY.—The class of '93 of Jefferson Medical College passed resolutions lamenting the death of their classmate,—Dr. J. W. H. Walker.

DR. JOHN B. DEAVER has removed to 1634 Walnut Street, Philadelphia.

SOUTHWESTERN IOWA MEDICAL ASSOCIATION.—The semi-annual meeting of the Southwestern Iowa Medical Association was held at Red Oak, Iowa, August 15.

AMERICAN ACADEMY OF RAILWAY SURGEONS.—The second annual meeting will be held in the parlors of the Auditorium Hotel, Chicago, Ill., on Wednesday, Thursday, and Friday, September 25, 26, and 27, 1895.

DR. R. H. TAYLOR has been elected city physician and health officer of Hot Springs, *vice* Dr. S. B. Steel resigned.

BOOK REVIEWS.

Œuvres de Léon le Fort, professeur de clinique chirurgicale à la Faculté de Médecine de Paris, vice-président de l'Académie de Médecine, chirurgien de l'Hôtel-Dieu, publiées par le DR. FELIX LEJARS, professeur agrégé à la Faculté de Médecine, chirurgien des hôpitaux de Paris. (Tome I^{er}, 1 fort volume in-8°, 20 fr.—Félix Alcan éditeur, Paris).

This is the first volume of the works of the late Professor Léon le Fort, collected, arranged, and published by his son-in-law,—Dr. Lejars. Professor le Fort was well known as a skillful surgeon, a clear thinker, and an excellent writer. It had been his purpose to dedicate the evening of his life to the arrangement of his various writings upon medical topics, but death frustrated his purpose and it was left to his family to carry out his expressed intentions. His works will be published in three volumes, of which the first is before us. Volume I is devoted to questions of hospital and public hygiene. The subject of hospital hygiene was of interest to him during all his life. In his first paper Professor le Fort makes a careful study of the mode of management of English hospitals. Following memoirs relate to maternity hospitals and the manner in which they should be conducted in order to serve the best interests of their patients. In this volume we also find papers on the movement of population in France and the depopulation of France, the latter being a topic which he had attentively studied in all its bearings for many years and upon which he spoke with authority. A valuable portion of this volume relates to prostitution and venereal maladies, and expounds his views as to the regulation of prostitution. Another paper of much interest is upon obligatory vaccination.

Professor le Fort had an open mind for truth, and his writings are eminently suggestive and instructive. His perception of the national danger which lies in a stationary or decreasing population was keen, and he was skillful in tracing effects to their causes. He drew attention, likewise, to another source of weakness in the high mortality of newborn children.

Professor le Fort was a man of varied talent and great intellectual activity. This edition of his collected writings will certainly prove a fitting monument to his memory.

Exercise and Food for Pulmonary Invalids. By CHARLES DENISON, A.M., M.D., Denver, Col., Professor of Diseases of the Chest and of Climatology, University of Denver, etc., etc. Denver: The Chain & Hardy Co., 1895.

All invalids, and more particularly those who

suffer from chronic disorders, such as phthisis, besiege their physicians with numerous queries regarding the mode of life which they should follow. Two of the most important subjects to consumptives are exercise and food. Based upon his large experience in diseases of the lungs, Dr. Denison has prepared a manual for the instruction of his patients, giving them plain directions as to how they should live. The monograph will, no doubt, answer a useful purpose.

The Pocket Materia Medica and Therapeutics.

A *Résumé* of the Action and Doses of all Official and Non Official Drugs Now in Common Use. By C. HENRI LEONARD, A.M., M.D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology in the Detroit College of Medicine; member of the American Medical Association, etc., etc. Second edition, revised and enlarged; cloth, large 16mo., 367 pages, price, post-paid \$1.00. Detroit: The Illustrated Medical Journal Co., Publishers, 1895.

Dr. Leonard has compressed in this work a short description of the various organic and inorganic drugs used in medicine, their physical properties and principal uses. The various preparations are enumerated and the doses are given in the metric system as well as in troy and apothecaries' measures.

La Phthisique et Son Traitement Hygiénique (Sanatoria, Hôpitaux Spéciaux, Cure d'air). Par le DR. E. P. LEON-PETIT, Médecin de l'hôpital d'Ormesson, Secrétaire général de l'Œuvre des Enfants Tuberculeux. Preface de M. le DR. HERARD, Membre de l'Académie de Médecine. Avec 20 Gravures dans le texte. Paris: Ancienne Librairie Germer Baillière & Cie., Félix Alcan éditeur, 1895.

"The Consumptive and His Hygienic Treatment" is the subject of Dr. Léon-Petit's work. The author writes not only from the results of his personal clinical experience, but has also visited the principal establishments and resorts of Europe which are dedicated to the care and treatment of tuberculous patients. The total result of his experience is presented in a volume of moderate size, well written, well printed, and well illustrated. Dr. Léon-Petit has long devoted special study to the subject of tuberculosis, especially as regards its prophylaxis, the limitation of its spread in communities, and the most effectual methods of combating the established disease. As the author aptly says in his introduction: "Tuberculosis is more than a disease,—it is a great social question which, at the present time, exists in all civilized states, whose vitality it weakens and whose future it threatens." At the same time the growth of large cities and the

conditions of urban life favor the spread of the malady. From the relations of cities to the country the subject is of national importance. It appeals to the philanthropist and patriot as well as the physician. In all civilized countries consumption has received attention from these various points of view. The author carefully considers the hygienic treatment of tuberculosis, after which he gives a rapid survey of the various climatic resorts of Germany, Austria-Hungary, Norway, and Switzerland. Chapter IV is devoted to an account of hospitals for poor consumptives in the countries named and also in Russia and Great Britain. The concluding chapters relate to phthisis in France and the care of tuberculous children.

Modern Medicine and Homœopathy. Two Addresses. By JOHN B. ROBERTS, A.M., M.D. Philadelphia: The Edwards & Docker Company, 1895.

In this little book Dr. Roberts dwells upon the agreements rather than the opposing theoretical views of educated physicians, by whatever name they may be called. He points out many facts which, even within the domain of therapeutics, seem to show a convergent tendency between the methods of modern medicine and modern homœopathy.

Practical Dietetics, with Special Reference to Diet in Disease. By W. GILMAN THOMPSON, M.D., Professor of Materia Medica, Therapeutics, and Clinical Medicine in the University of the City of New York; Visiting Physician to the Presbyterian and Bellevue Hospitals, New York. Prices: Cloth, \$5.00; sheep, \$6.00. New York: D. Appleton & Co., 1895.

There is no subject of deeper interest and importance to nutrition than dietetics. Proper food as regards quantity, quality, and digestibility is requisite for nutrition in health. It follows as a corollary that in disease, or perverted nutrition, the study of food should engage the closest attention of the physician. Food is powerful in both the production and cure of disease. We should acquaint ourselves as particularly with the composition and nature of foods as with the properties of medicines. The writings of the last few years show that the value of dietetics has received renewed attention. The present work, therefore, will be welcomed as a presentation of a subject which comes home to every practitioner of medicine. Dr. Thompson well says that the directions in many text-books as to the feeding of the sick are too vague to be of much assistance. It is the beginner in medicine, above all, to whom this work should forcibly appeal. Patients or patients' friends are constantly seeking directions concerning diet in general and certain articles

of food in particular. In chronic disease these questions are not always easily answered, but in acute febrile affections, in which there is much intolerance of the stomach while at the same time the demand for nourishment is imperative, the physician feels the need of all the knowledge which he can obtain. Dr. Thompson's book is well adapted to be a guide in this field.

CURRENT MEDICAL LITERATURE.

Extirpation and Colotomy in Cases of Carcinoma of the Rectum. By Lewis H. Adler, Jr., M.D., Professor of Diseases of the Rectum, Philadelphia Polyclinic and College for Graduates in Medicine, etc.

Cystic Tumors of the Vaginal Vault, with Reports of Two Cases. By Frederick Holme Wiggin, M.D., Visiting Surgeon to the New York City Hospital (B. I.), Gynæcological Division, etc.

The Treatment of Anal Fissure, or Irritable Ulcer of the Rectum. By Lewis H. Adler, Jr., M.D.

Gross Medical College, Denver, Col. Circular of Information and Register of Students. Session, 1895-96.

The Operative Treatment of Fistula in Ano. By Lewis H. Adler, Jr., M.D., Professor of Diseases of the Rectum in the Philadelphia Polyclinic and College for Graduates in Medicine.

Abstract of Sanitary Reports. Vol. X, No. 32. Washington, D. C., August 9, 1895.

A Practical, Low-priced Device to Secure the Trendelenburg Posture. By William A. Edwards, M.D., San Diego, Cal. Fellow of the College of Physicians of Philadelphia, etc.

The Use of Pepto-Mangan for Anæmia in Pulmonary Tuberculosis. By Karl von Ruck, B.S., M.D., Asheville, N. C.

Abstract of Sanitary Reports. Vol. X, No. 6. Washington, D. C., February 8, 1895.

The Treatment of Corneal Ulcer by the General Practitioner. By S. Lewis Ziegler, M.D., Ophthalmic Surgeon to St. Joseph's Hospital; Assistant Surgeon, Wills Eye Hospital, Philadelphia.

Dislocation and Double Fracture of the Upper Third of the Humerus. Read before the Cincinnati Academy of Medicine, June 4, 1894. By B. Merrill Ricketts, M.D., Cincinnati, O.

Typhoid Ulcer; Perforation (?); Operation; Death. Cerebral Cyst; Operation; Recovery. By B. Merrill Ricketts, Ph.B., M.D., Cincinnati.

Some Impressions of Gynæcology in Europe. By Hunter Robb, M.D., Professor of Gynæcology, Western Reserve University.

Programme of the Medical Society of the State of Pennsylvania. Forty-fifth Annual Meeting. Chambersburg, Pa., May 21-24, 1895.

Nævus. By Isadore Dyer, Ph.B., M.D., Professor of Dermatology in the New Orleans Polyclinic; Lecturer and Clinical Instructor of Dermatology, Medical Department, Tulane University; Dermatologist to Charity Hospital, etc., New Orleans, La.

Infantile Scorbutus. By William C. Holloper, A.M., M.D. Clinical Professor of Diseases of Children, Medico-Chirurgical College; and Physician to the Methodist Episcopal Hospital, Philadelphia.

Treatment of Scarlet Fever. By W. C. Holloper, A.M., M.D.

A Short Study of Epidemic Catarrhal Fever (Influenza) as Found in Children. By W. C. Holloper, A.M., M.D., Physician to the Methodist Episcopal Hospital, Philadelphia, Pa.

Diphtheritic Paralysis; Chronic Gastro-Intestinal Catarrh. By W. C. Holloper, M.D., Clinical Professor of Diseases of Children, Medico-Chirurgical College of Philadelphia; Physician to the Episcopal Hospital.

Intraligamentous and Retroperitoneal Tumors of the Uterus and its Adnexa. By William H. Wathen, A.M., M.D.

Interstate Quarantine Regulations of the United States. Treasury Department, September 27, 1894.

Modern Homœopathy; its Absurdities and Inconsistencies. By William W. Browning, A.B., LL.B., M.D., Brooklyn, N. Y., Lecturer upon and Demonstrator of Anatomy, Long Island College Hospital, etc.

Eleventh Annual Report of the Committee on Lunacy of the Board of Public Charities of the Commonwealth of Pennsylvania. September 30, 1893.

A Contribution to the History of Medicine in Southern California. By Cephas L. Bard, M.D., Ventura, Cal.

Charity Organization and Medicine. By George M. Gould, M.D., Philadelphia.

Cauterization of the Nares, and Accidents that may Follow. By E. Fletcher Ingals, A.M., M.D., Chicago.

Hypertrophy of the Pharyngeal, or Luschka's, Tonsil. Read in the Section on Laryngology and Otology at the Forty-fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5-8, 1894. By E. Fletcher Ingals, A.M., M.D., Chicago, Ill.

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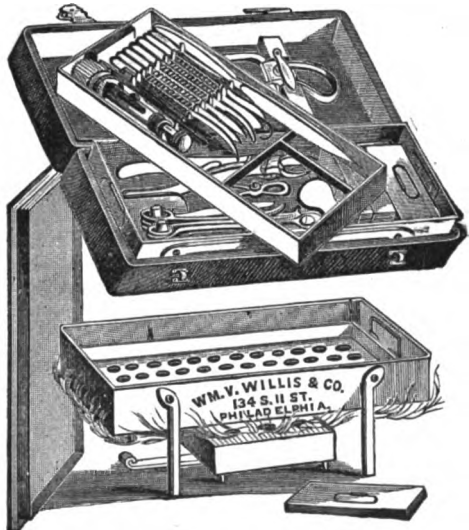
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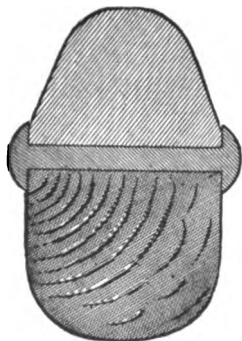
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ADDRESS.

*AN INTRODUCTORY ADDRESS TO THE STUDENTS OF THE MEDICO-CHIRURGICAL COL- LEGE OF PHILADELPHIA**

By WILLIAM E. HUGHES, M.D.,
Professor of Clinical Medicine.

IT is my very pleasant duty—though I could wish, for your sakes, that the task had been laid upon worthier shoulders—to welcome you upon this occasion, which is so important to those of us who are actively engaged in the conduct of the affairs of this institution. The summer has come and gone, the field has been prepared for the sowing, and now, on the threshold of another year, it is meet that we pause and see what has been done, to take, so to speak, an account of stock, and then, realizing exactly the resources at our command, so proceed that not only may those resources be used most wisely, but also that they may be increased, so that when another year has rolled around we may have to report that we have kept the talents in our possession intact, and that we have added many to the store. This is, you know, a young institution, and, while youth implies lustiness, it implies also the coping with age and experience, established growth and solidity. Nor is this all. The science of medicine—never standing still—of late has been making such rapid strides that even those of us who are in a lowly way helping in these strides must now and again be lost in wonder as we realize its advances.

So, then, our institution has two tasks to perform. It must so grow that it may over-

take its older rivals, and, more important still, it must keep pace with the rapid progress of medical science, or, better, it must be in the forefront of this progress rather than merely keeping pace. Have we set ourselves too hard a task in this? With all due deference to our sister-institutions, with a full realization of all that is required of us, I can but say that our work in the past has been well done and that the future holds for us nothing but the happiest consummation of all our wishes, great though they may be.

I have spoken of our sister-institutions as our rivals. There was a time, not very far past, when they would not have acknowledged us as such, when the name of the Medico-Chirurgical College was but a name. But we have changed all that, and by force of honest work done and acknowledged worth have entered fully into that sisterhood of which we proudly hope soon to be the leading spirit.

Nor have we thoughtlessly nor unnecessarily thrust ourselves into this company. The multiplication of educational institutions in this country often inures to their disadvantage as actual disseminators of knowledge. By dividing their forces they are crippled, and, as a result, no one does perfect work. In medicine it is in a sense different. The theory must ever go hand in hand with its practical application; so that the value of a teaching institution to the students depends largely upon the opportunity which these students enjoy of seeing applied the principles which have been expounded to them, and learning in the seeing that these principles are not mere idle theories, but facts which when practically employed lead to practical results. Herein lies the true essence of successful medical teaching, and in this is

* Delivered October 1, 1895.

bound up our excuse for being and the reason for our success.

The founders of this school, with wise forethought, saw early the necessity of more practical teaching, and realized that with the methods then in vogue, coupled with the large classes to which they were applied, such teaching was impossible, and at their bidding this school sprang into existence. From the beginning it has been the object of the Faculty to place themselves as intimately in contact as possible with the students.

Through competition can the greatest good be elicited, for the necessity of competition excites to continued effort, and, young as we are, the effect of the competition we have engendered has already shown itself in our older sisters, to their good be it said, and to the good of medical teaching and knowledge. True it is that the method of medical teaching at large has been changing, the change having been necessitated by the advance in medical science. Still, I cannot but hold that this change has been hastened by our efforts here, and that we have had a share in the past, as we shall have in the future a far larger share, in placing this city at the front as the centre of medical education in this country.

The thoroughly-trained medical student must, as I have said, have received his instruction practically; he must have met disease face to face, watched it throughout its course, and have learned to estimate at its full value the effect of remedies as they have been applied. In other words, he must have been taught at the bedside of the patient. To do this necessitates that his teachers have at their command an unlimited supply of clinical material, and be permitted to use that material at their own discretion. Fortunately, in a large city such as this, with its magnificent hospitals, there is an abundance of such material. Unfortunately, there is a sentiment which would forbid its free use,—a sentiment which I wish to combat with my greatest force. We, of the visiting staffs of hospitals, give freely and willingly, without thought of recompense, our time, our knowledge, our care, to the patients there confided to us. You, who support financially these hospitals, give your support as a pleasant duty. On the other hand, do not the recipients of this support and care owe in return a duty? For instance, can it be denied that the wards of the city, after they have been supplied with

every available comfort and with carefully-selected medical skill, owe in return to the city that they furnish those who seek here medical knowledge every facility for attaining that knowledge? I may be wrong, but it seems to me that there is a tendency to disregard this dual obligation, and see only the obligation of physician to patient; and I urge you to correct this. Let no mawkish sentiment stand in our way. We are the custodians of the poor committed to our care; let us in return utilize them in practical teaching, that thereby we and they may indirectly confer a vast good upon the community.

I do not speak thus because of a present, but of an apprehended danger. Through our hospital here and the other hospitals with which our faculty is connected there is an abundance of teaching material ever at hand,—a fact which is evident when the results we have obtained in our students are considered. But let that supply be not diminished.

Let me recapitulate, even at the risk of a charge of tediousness, the history of our school; and let my excuse be my great pride in its achievements,—a pride, it might be said, begotten of ownership, for, after all, are not we who have striven so faithfully part owners in its success?

Fifteen years ago a small band of devoted teachers, with rare discernment interpreting the future, gave it birth. At first absolutely unknown; then, when tardy recognition of its mere existence was wrung unwillingly from schools with which it was soon to compete in open field, it was laughed at, sneered at, regarded as a clumsy appendage of the dental school with which it was associated. But in spite of derision, of contempt, it grew steadily. Its devoted band of teachers, firmly confident in their mission, struggled on, ever faithful to each other, ever true to the school, their belief in its ultimate success never growing dim, their efforts never flagging.

It had its days of adversity; in fact, its early days were almost all days of adversity. Teachers dropping out were replaced by new ones; as necessity demanded new ones were added. The inflexible policy was, from the beginning, that whenever a man was found not well fitted for his post by reason of increasing growth of the school, he was replaced by another more equal to the task.

Property was gradually acquired. Friends

came flocking to its aid,—staunch friends who are with us still and who will ever be remembered with the deepest gratitude. As time passed and it was seen that the school had come to stay, when it was realized that there was a place for it, and that it was filling this place well, the growth became more rapid. At first it progressed by strides, now it is leaping forward. The child has become a man, full grown, and with inherent possibilities that must perforce soon make him a giant.

To-day you see around you the evidences of this growth. The buildings which once clung around it like the ill-fitting clothes of an older brother are now too small. Even this amphitheatre, commodious though it be, is not sufficient, and a new one will soon be in course of erection which will be more fully suited to its needs. The laboratories are filled to overflowing and room must be found for larger ones. In the hospital the number of beds has been steadily growing, but with all this growth it has failed to keep pace with the demands made upon it. The hospital building has been remodeled, but will soon have to give place to a larger structure. The training-school for nurses is on a par with the general excellence of the hospital. How much the patients owe to the generous, self-sacrificing young women comprising its corps only those can know who are familiar with the nursing in vogue before the introduction of training-schools, and who can compare that nursing with the nursing given now. Here I am constrained to offer the special thanks of the college to the Ladies' Aid Society, whose devoted friendship and untiring zeal have made the training-school what it is, and to whom the hospital owes such a heavy debt of gratitude.

In the beginning the college was practically, in many points, a part of the dental school, but our increase in size has rendered such an arrangement no longer tenable. Now we own our own plant and can expand unlimitedly, and our future success will be owing solely to our own exertions.

Such has been our material progress. But this material progress is not the only evidence that we are succeeding; nor, indeed, is it even the most gratifying. Better evidence of success than this is the increasing size of our classes, our matriculates for this year showing an increase of more than 50 per cent. over those of last, the enthusiasm of the under-

graduates in their studies, and, best of all, the feeling among the alumni. On my return to active work this fall I was struck most forcibly by the number of last year's graduates occupying minor positions about the dispensaries and in the various teaching departments. The portals of their alma mater are always open to the alumni; every opportunity for advanced study is given them, and they repay this by love and loyal devotion, till it has come that every alumnus is proud to proclaim himself a graduate of the Medico-Chirurgical College.

The college has grown rapidly to its present dimensions from nothing, and it has, too, kept pace with the accumulating demands of increase in medical science. In its beginning two years were generally considered enough for a finished medical education, then three, and now four years constitute the standard of the highest class of medical colleges. This length of term we are about to adopt, and, had it not been for certain unforeseen and irremediable complications, this would now be our prescribed length of course.

Thus is our account of stock taken: A well-equipped college, striving toward the highest ideals, doing work which makes its name a shining mark of excellence, supported by hosts of devoted friends and a united alumni. Can we, any of us,—friends and trustees, alumni, students, teachers, even the city at large, this great centre of medical education,—feel aught but pride in this institution?

But we must not stop here. Much has been accomplished, more remains to be done, and to you, our friends, we turn, as we have ever turned, for assistance, happy in the assurance that no demands, however great, will overtax your kind patience. Our duty is not simply to educate students that, in the time to come, they may worthily take our places. That, in itself, is an excellent ambition; but beyond that lies our duty to humanity at large. We ourselves must be students,—students of the great problem of the prevention and cure of disease. So many have been the recent changes in medical science, so startling its advances, that already, through far, dim vistas, we begin to see the possible solution to this problem. You are all as vitally interested in this as we. Looking at the matter from a purely selfish stand-point, it surely makes a vast difference whether the physician who

ministers to you or to your family is well or poorly equipped for his work.

To develop as we should, to grapple successfully with problems now defying solution, we need increased material resources. The hospital must be enlarged, new laboratories must be built and equipped, scholarships must be established, and a host of wants be met, which grow as grows our progress in knowledge. And for all these we look to you, our friends.

Not from any selfish motive do we ask this aid. Of the faculty teaching the practical branches of medicine, no one of us receives any salary. We are content to labor for the love of seeing knowledge grow; of saying, when any step forward is made, we were concerned some little in that step. Aid us, then, by your encouragement; aid us more materially still, and we promise you yet greater progress,—a progress in which you will be sharers and by which we shall all be gainers. Who knows to what that aid may lead? Perchance, in those new laboratories may be wrested from stubborn nature that secret so long and jealously guarded,—the secret of the cure of all disease.

But enough of this. Those whose coming into our midst is the occasion of our meeting this evening must not be neglected. To you, then, who, as students, are just entering upon your career, may the counsel which I give be useful. The career which you have chosen is an arduous one from start to finish. The rewards are many, but they are gotten only by unremitting toil. Your studies are not easy; they will occupy your whole time; and for their proper pursuit you will need be healthy in body as in mind. Guard, then, this health carefully.

No more is asked of you in the curriculum than you can accomplish safely and without overtaxing yourselves. In your studies cultivate habits of regularity; set yourselves an even pace in the beginning, which will, unchanged, carry you through to the end of your course. To do this, every one of you must carefully gauge his own personal peculiarities and powers. Most important for you is it that you have a sufficient amount of sleep. The temptation will be strong, when, for any reason, you may feel that you have fallen behind in your work, or when the approaching examinations loom up big and ominous in the

near future, to curtail your sleep, that you may have more time for your studies. Do not yield to this temptation. Work done while you are exhausted or sleepy is work poorly done, and to do work poorly is worse than to leave it altogether undone. If you have carefully gauged your powers in the beginning, and have systematically arranged your course of study, you will come to the end without the necessity of any final spurt.

Take daily a certain amount of out-door exercise. Do not take time thus employed grudgingly. It is time well spent, in that it will serve to keep you up to your highest point of physical health. I cannot impress too strongly on you the fact that you need every faculty in its highest point of excellence to acquire the greatest amount of knowledge. And, after all, that is the object of your course here,—the acquisition of knowledge. It is not that you spend a certain number of hours in your studies, nor that you have done a certain amount of routine work in the college, that fits you to be trained physicians; it is the actual knowledge that you have acquired. And know this: that, though a physician may achieve a certain apparent success without proper training and manifest fitness, through accident or luck, yet that success will be as nothing to you as compared with the success which will come to you as a reward for long-continued, earnest effort, and which you are proudly conscious is rightfully owing to you.

Your life must not be bound up narrowly in the study of medicine. You have other interests which you must keep alive. You have social duties to perform. Let these be subsidiary to your studies, but do not wholly neglect them; they are a useful relaxation. Keep well abreast of the current affairs of the day, for the successful physician is one who knows his medicine well, but who knows also those things which interest the public at large. If your tastes draw you to experimental and scientific medicine, as I hope they may, that one of you will succeed most fully whose mind is best stored with general useful information.

In the curriculum there will probably be some studies whose utility you cannot see. Do not neglect such studies. They have all been assigned to you with wise purpose in view. You will see after awhile that they are a necessity in rounding out your fully-completed course.

Do not be attracted by the glitter of any one branch of study to the neglect of others. Even though you may eventually practice a specialty, you will never be a properly-trained specialist till you have first been a thoroughly-trained general practitioner.

Neglect no opportunity of acquiring practical knowledge; this is what is going to stand you in good stead when you are thrown upon your own resources. Thus, in my own branch, clinical medicine, I endeavor to make the course thoroughly practical. Most of the course is given in ward classes, and here you will meet me at the bedside of the patients. You will take up first the study of disease of the heart and lungs, and I shall demonstrate to you by pointing out on the patient the ease and certainty with which you can recognize such disease. Do not grow discouraged if, at first, everything seems a hopeless muddle; rest assured that with constant practice you will come to share my dexterity, and that eventually you will be able to recognize the condition as surely as I. In the course of your studies you will come to rely more and more upon your own observation; you will find that the symptoms given to you by the patient do not infallibly point to a definite disease. Thus, a patient may complain to you bitterly of symptoms which he thinks unquestionably point to disease of the heart, while I shall be able to prove to you that the heart is perfectly healthy, the symptoms being referable to disease of some distant organ. Learn, then, to so train your powers of observation that you may rely upon them implicitly. They can then never mislead you, no matter how erroneous the patient's interpretation of his own symptoms may be. After you are thoroughly grounded in diseases of the heart and lungs, I shall take you as far over the wide range of general medicine as time and the supply of patients will permit. Here your trained powers of observation will show their value; you will recognize often the effect produced upon such general disease by defective condition of heart or lungs, and, going farther, will see how almost of necessity one diseased condition is intimately bound up with another. In the ward classes you will be taught the taking of histories of the patients, which will cultivate in you the habit of systematically investigating every case and teach you the quickest and surest method of correctly determining its ex-

act nature. In my clinical lectures the work done in the ward classes will be reviewed as systematically as possible. When we have been unable to pursue a certain line of study in ward classes to our entire satisfaction, these clinics will afford me a means of further enlightening you. In fine, it is my constant endeavor to make my course of instruction an ideal one, which shall leave nothing to be desired by you. And, as I am doing, so are all my colleagues.

You will find a number of medical societies in the college, founded by students who were your predecessors. These societies will be of great value to you; in them you will be taught to think for yourselves about medical problems, and by them will be created a feeling of good-fellowship which will grow in after years.

Remember that you are fitting yourselves for a calling which will embrace your whole future lives. The patients with whom you come in contact in the course of your studies are not mere objects of instruction to you; they are fellow-beings; they typify the patients that you will have later in private practice. Cultivate a feeling and conduct toward them which, when carried farther, will make you, in after-life, the beloved friend as well as the professional adviser.

While your final examinations mark an important stage in your career as students, they are merely a landmark. Do not study with examinations in view; study for your own good and for the love of knowledge; then, when examination-time comes, you will see your teachers not as inquisitors, but as friends who will take you by the hand and praise you for your efforts.

And now, gentlemen, I wish you success in your studies, and welcome you, on behalf of the faculty, as students in the Medico-Chirurgical College.

BURNS DUE TO INTENSE COLD.—M. Raoul Pictet has described the "cold burns" experienced at low temperatures. In some cases the skin is first red, then blue, and subsequently the area of the injured spot extends to nearly double what it was originally. There is a painful itching sensation in the surrounding tissues, as well as at the affected spot, and healing usually takes five or six weeks. In more serious cases the skin rapidly becomes detached, and there is a long and stubborn suppuration, the wound remaining open for more than six months in one instance after a drop of liquid air had fallen on the hand.—*Med. and Surg. Reporter.*

ORIGINAL COMMUNICATION.

*INTRA-TYMPANITIC OPERATIONS
FOR THE RELIEF OF DEAFNESS
AND TINNITUS.**

By E. B. GLEASON, M.D.,

Clinical Professor of Otolaryngology in the Medico-Chirurgical College; Surgeon-in-Charge of the Nose, Throat, and Ear Department of the Northern Dispensary, Philadelphia.

OPERATIONS within the middle ear are performed for the purpose of improving the hearing, relieving tinnitus or vertigo, or bringing about a secession of discharge from the middle ear. The operations that have been performed for these purposes are quite numerous, the following being only a partial list: Paracentesis of the drum-head, single or multiple; excision or destruction, by caustics, of a portion of the membrana tympani, for the purpose of establishing a permanent opening; plicotomy, or division of the posterior fold; section of the anterior ligament of the malleus; tenotomy of the tendon of the tensor tympani or stapedius muscle, or of both; division of fibrous bands and adhesions within the tympanum; excision of a portion of the malleus; disarticulation of the incudo-stapedial articulation, with or without mobilization of the stapes; plastic operations for uniting either the incus or the stapes with the membrana tympani, and removal of the membrana tympani and one or more of the ossicles.

In order to fully comprehend the indications for operative interference within the middle ear, it is necessary to bear in mind the pathology of this region. As far as the mucous membrane is concerned, in catarrhal cases, the pathology is similar to that of the nose. As the result of recurrent attacks of acute catarrh, during which the intra-tympanic mucous membrane is swollen and congested, actual tissue hypertrophy is finally established and hearing is somewhat impaired, mechanically, as it were, by the increased weight and bulk of the intra-tympanic structures. Early in this stage of chronic catarrh of the middle ear a prominent symptom is inability to hear well except by straining the attention. Ordinarily the action of the intra-tympanic muscles, like that of the intra-ocular muscles, is largely auto-

matic, so that, without any effort of the will, they contract in such a manner as to secure the proper tension of the contents of the tympanum to transmit most readily sounds to the labyrinth. It is probable that, except during sleep, both the intra-ocular and the intra-tympanic muscles are rarely completely at rest. The automatic action of the tensor tympani and stapedius muscles is, however, largely decreased by comparatively slight inflammation, so that it is necessary to exercise the will in order to hear well. The individual can hear well "only when he pays strict attention." The hearing power is further decreased, at an early stage of the disease, by swelling of the intra-tubal mucous membrane interfering with the proper ventilation of the tympanum. The air within becomes rarefied, so that the drum-head and ossicles are pressed inward. As the result partly of this pressure from without and the consequent stretching to which it is subjected, the drum-head often becomes atrophied, either as a whole or in part; and an increasing abnormal position of the ossicles results, so that they become sometimes dislocated to the extent that their articulating surfaces can no longer readily be brought into contact, whilst their ligaments either contract or atrophy accordingly as they are stretched or relaxed by the malposition of the drum-head and bonelets. The tensor tympani and often the stapedius also become contracted and no longer perform their functions. It was to remedy these conditions that the now nearly obsolete operations of plicotomy, tenotomy of the tensor tympani or stapedius muscle, and section of the anterior ligament of the malleus were performed. As the pathological condition was only partly remedied by any one of these operations, the benefit derived in even the so-called successful cases was usually small and transient. When the hypertrophic inflammation within the tympanum progresses to the hyperplastic variety, the cellular elements of the mucous membrane disappear and are replaced by dense fibrous tissue, which, by contraction, increases the tension of the chain of ossicles.

The membrana tympani, the membrana secundaria, other intra-tympanic structures, and even the vestibule of the labyrinth may be the seat of chalk deposits, as the result of long-continued inflammation, and not as the result of the rheumatic or gouty diathesis, although it will readily be seen that the pathology of the

* Read at the semi-annual meeting of the Washington County (R. I.) Medical Society, at Watch Hill, R. I., July 30, 1895.

ossicular articulations is somewhat similar to that of rheumatic or gouty joints in other parts of the body,—a fact to which Wilde* and Toynbee† long ago called attention.

The ossicles are sometimes affected by osteoporosis or osteosclerosis,—conditions in which the bony walls of the tympanum and the mastoid ordinarily participate. Von Trötsch called attention to the unfavorable effect upon the hearing that partial or complete obliteration of the mastoid cells, as the result of chronic middle ear catarrh, may exert upon the hearing.‡ The ossicles are not infrequently deformed, as the result of exostoses. One or more of their articulations may be ankylosed, and the presence of either an exostosis or a deposit of chalk may cause the foot-plate of the stapes to project into the vestibule, as in the 12 cases noted by Toynbee, whose catalogue describes 136 instances of ankylosis of the foot-plate of the stapes to the oval window among his 1013 specimens.§

The niche of the round window is sometimes nearly or completely obliterated by hypertrophy of its mucous membrane or, as the result of long-continued intra-tympanic catarrh, it may be covered by a more or less rigid pseudomembrane or completely filled with a plug of connective tissue.||

Membranous bands, extending across the tympanum, exist in about 80 per cent. of normal ears, and it is well to bear this fact in mind and carefully distinguish between such normal structures and fibrous synechiæ binding the intra-tympanic contents together. Extensive synechiæ of the membrana tympani are frequently formed during the middle-ear catarrhs of childhood, for obvious reasons; and when adhesive processes within the tympanum are very extensive, the incudo-stapedial articulation and the tendon of the tensor tympani are almost invariably involved. In some cases the stapes is immovably fixed by synechiæ or even little osseous connections.¶

It seems hardly necessary to remark, in connection with the pathology of chronic catarrh of the middle ear, that whilst the disease is generally readily curable in its earlier stages,

when the intra-tympanic articulations, ligaments, and muscles are all profoundly involved, the affection is as incurable by massage or any therapeutic measure as advanced arthritis deformans.

In deafness resulting from long-continued suppuration, intra-tympanic operations are oftener undertaken with the object of bringing about a secession of the discharge than to improve the hearing. There are three common causes of long-continued suppuration of the middle ear: insufficient cleansing, the presence of polypi or granulations, and caries or necrosis of the ossicles or bony walls of the tympanum. Perforations of the drum-head remain long unclosed because the epidermis of the skin of the external meatus finally grows over the granulating edge of the perforation and granulations no longer form. In some instances the entire tympanum and mastoid antrum become lined with epidermis instead of the normal epithelium of the mucous membrane. When the lining membrane of the middle ear is "dermoid"* in character it sometimes exfoliates during inflammation and pus-saturated masses of epidermis, the so-called cholesteatomatous masses, collect within the tympanum, generally in the attic, and by their presence maintain the discharge. I have more than once brought about a secession of discharge within a few weeks by the removal of such masses and perhaps a small polypus from the ears of patients who had been previously informed by another surgeon that removal of the remains of the drum-head and the two larger ossicles was necessary to bring about a cure of the suppuration. The removal of diseased ossicles does not, in most instances, prevent recurrent suppuration. In one of my cases removal of the remains of the drum-head, malleus, and incus was followed by a secession of discharge, but the man returned to my office a year afterward with a recurrent otorrhoea, from which he promptly recovered after the removal of a small mass of epidermis from the attic, some of which was stained with pyoktanin which I had employed in the treatment of his ear one year before. In cases of caries or necrosis of the ossicles and bony wall of the tympanum, it may be advisable to remove the remains of the drum-head, malleus, and incus in order to secure more room for the manipulation of instruments within the

Diseases of the Ear. William R. Wilde, pp. 222, 242, 333.
† Diseases of the Ear. Joseph Toynbee. Second American Edition, p. 298.

‡ Diseases of the Ear. Anton von Trötsch. Second American Edition, from the Fourth German Edition, pp. 335-337.

§ *Ibid.*, p. 301.

|| *Ibid.*, p. 284.

¶ *Ibid.*, p. 284.

* Sexton. The Ear and its Diseases, p 383.

tympanum in order to properly cleanse the attic and aditus; but where such a procedure is actually necessary it is probably best, in most instances at least, to adopt the more radical operation of Stacke or Schwartze, and remove also the posterior upper part of the meatus and thus secure access to the attic and antrum from the meatus. In rarer cases it may be advisable to adopt the still more radical procedure practiced by Reinhard,* who secures a permanent retro-auricular sinus communicating with the antrum by means of skin-flaps turned into the opening made through the cortex of the mastoid. Even when by this method complete epidermization of the tympanum and mastoid is accomplished, Reinhard states that membranes still continue to exfoliate "(in some more frequently, sometimes but once in three years). Nevertheless, the disintegration of these membranes with re-establishment of the suppuration can now more readily be prevented, since the patients or their relatives are enabled to remove the membranes, which is impossible in cicatrized wounds behind the ear."

As a matter of fact, even cases where the probe comes into contact with exposed bone within the tympanum do well if efficient cleanliness is maintained, and the removal of the remains of the drum head and the larger ossicles is seldom necessary in order to bring about the secession of a discharge. In order to prevent recurrent relapses it will be necessary to remove, from time to time, accumulations of exfoliated epidermis, dirt, and inspissated secretions in most cases where a large portion of the membrana has been destroyed, and in such cases no operative procedure, however radical, is capable of preventing such accumulations from occurring.

After the secession of a discharge the hearing is often fairly good, even in cases where a large part of the drum-head has been destroyed. Where the hearing is greatly impaired it is usually the result of either relaxation or destruction of the intra-tympanic ligaments, or the presence of adhesions and bands of newly formed tissue. Sometimes both conditions are present. In the former condition hearing will sometimes be greatly improved by the wearing of an artificial drum-head. For this purpose either the pellet of cotton used by

Yearsly,* Toynbee's artificial drum-head,† or the disc of paper employed by Blake‡ may be used with almost equal advantage, provided the requisite support is given to the stapes by its use. In some cases, however, the material of which the artificial drum-head is made seems to be a factor in the results obtained by its employment. The cutting or stretching of adhesions and fibrous bands within the tympanum sometimes results in remarkable improvement of the hearing. In one of my cases divulsion of a band extending between the malleus, incus, and promontory increased hearing for a watch from two inches to two feet. One year after the operation the patient's hearing for a watch had decreased to one foot, but the watch was again heard two feet away from the ear after divulsion of the synechia which had reformed.

More permanent benefit to hearing usually follows the breaking of intra-tympanic bands and adhesions where such a procedure is feasible, and a further increase in the hearing-power may follow "auto-mobilization" from the wearing for a few weeks or months a paper-disc ear-drum.

The history of intra-tympanic operations is somewhat interesting. The accidental rupture of the drum head having resulted in the improvement of a deaf person's hearing, Riolan proposed making an artificial opening in the membrana tympani as a remedy for deafness. Experiments upon dogs and other animals as to the effect of the excision of a portion of the drum-head having yielded inconclusive results, Cheselden, the father of English surgery, wished to perform the operation upon a criminal condemned to death, who was to obtain his release on account of it. In a foot-note Wilde§ says that the case is referred to in Walpole's "Reminiscences," where it is stated that the criminal was the surgeon's cousin, and that he was actually pardoned through the intercessions of Lady Suffolk (mistress to George II), who, being deaf, wished to have the experiment tried; but the operation was not performed, owing to the popular outcry against it.

In 1800 Mr. (afterward Sir) Astley Cooper published a letter in the Philosophical Trans-

* Quoted by Wilde. *Ibid.*, pp. 47, 296.

† *Ibid.*, p. 190.

‡ "Stapedectomy and Other Middle-Ear Operations," Transactions of the American Otological Society, 1893.

§ Diseases of the Ear. William R. Wilde, p. 33.

* "Cholesteatoma of the Petrous Bone," Archives of Otolaryngology, April, 1895.

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actions entitled "Observations on the Effects which Take Place from the Destruction of the Membrana Tympani of the Ear," and soon afterward obtained a medal from the Royal Society on account of the success that, in a few cases, followed the operation of puncturing the drum-head for the relief of deafness.

Toynbee* says of the operation: "In Sir Astley Cooper's successful cases there was simple obstruction of the Eustachian tube; and there is little doubt that the affection would have yielded to simpler measures having for their object the removal of the obstruction, while the cure, instead of being temporary, would have been permanent. In the great majority of cases where Sir Astley punctured the membrana tympani not the slightest benefit accrued, because the deafness was dependent upon other causes than obstruction of the Eustachian tube; and in some cases of deafness from debility of the auditory nerve the shock of the operation greatly aggravated the symptoms."

In 1846 Dr. Butcher read a paper, before the Dublin Surgical Society, on the evil results of perforating the membrana, and reported two deaths as having, apparently, occurred as the result of the operation.†

Notwithstanding the fact that Sir Astley Cooper soon abandoned perforating the drum-head as a remedy for deafness, his instruments and the technique of his operation were modified and improved by Himley, Itard, Delau, Fabri, and others; while the operation became very common upon the continent of Europe, but was gradually nearly abandoned there also. Like the modern operation for the removal of the drum-head, malleus, and incus, Sir Astley Cooper's operation was done, in many instances, where a judicious surgeon should have known beforehand that nothing but harm could result from the procedure.

In connection with the history of intra-tympanic operations it is interesting to note the fact that, while it is generally believed that Sir Astley Cooper was the first surgeon to perforate the membrana tympani for the relief of deafness, von Trötsch states that the operation was first performed in Paris, about 1760, by Eli.‡

An essay of sixty-two pages was published in

Edinburgh, in 1788, by Dr. Peter Degrauers, in which he states that he completely removed the membrana tympani in one case, and, again, says: "I incised the membrana tympani of the right ear with a sharp, long, but small lancet. I left the patient in that state for some time, and afterward observed that it had re-united. . . . I incised again the membrana tympani of the right ear, but crucially; and, on removing the parts of the membrane incised, I discovered some of the ossicle, which I brought out."*

The uncertain results following the establishing of an artificial opening in the membrana tympani and the impossibility of keeping the aperture long open were the causes of the operation being nearly abandoned. During the decade 1860-70 the operation again became somewhat common upon the continent of Europe, and the failures of fifty years before were repeated. Catgut strings, lead wire, whalebone pegs, silver cannulas (Bonnafont), vulcanite eyelets (Politzer), aluminium and gold cannulas of horseshoe-shape, fastened around the handle of the malleus to prevent their dropping into the tympanic cavity (Voltolini), were employed with the object of obtaining a permanent opening in the membrana, and all failed. Sooner or later they were expelled and the opening cicatrized, sometimes, however, only after a long and tedious intra-tympanic suppuration.

Schwartz, in 1873,† to prevent the closure of an artificial opening in the membrana, removed the entire drum-head and the malleus. The results of his operations were not satisfactory, as, in the majority of his operations, the drum-head was replaced by cicatricial tissue that required subsequent removal. In 1878 Kessel removed the drum-head, malleus, and incus in a number of cases, with the result of diminishing the tinnitus and improving the hearing,—results that remained somewhat permanent, in spite of the regeneration of the drum head. In 1885‡ Lucae reported 56 operations in non suppurative otitis media where the drum-head and malleus were removed and, in 6 of the operations, the incus also. In 9 of the cases operated upon the improvement in hearing was considerable; in 19 it

* Quoted by Wilde, p. 30.

† The Ear and its Diseases. Sexton, p. 359.

‡ Archiv für Ohrenheilk., vol. xxii. Also quoted by Politzer, Diseases of the Ear, p. 324; Sexton, The Ear and its Diseases, p. 364.

* *Ibid.*, p. 240.

† Quoted by Wilde, p. 286.

‡ *Ibid.*, p. 384.

was slight; in 18 there was no improvement at all, and in 7 cases the hearing was worse after the operation.

The operation of the removal of the drum-head, malleus, and incus was first done in America at New York, in 1886, by Samuel Sexton,* and shortly afterward in Philadelphia, by Burnett.† The operation soon became very common, and bad results multiplied, partly as the result of the faultiness of the operation itself and partly as the result of the selection of cases unsuitable for operation by men apparently more anxious to achieve a reputation as skillful operators than as judicious surgeons. At the present time the operation for the removal of the drum-head, malleus, and incus, in non-suppurative cases, seems to be in rather bad repute, and there has developed a disposition to abandon it entirely. Probably even those American aurists who have performed the operation most frequently would entirely agree with Schwartze, who, as the result of an experience of more than twenty years, during which time he has done the operation each year less and less frequently, merely says of it that it is not entirely contraindicated. Dench‡ is now probably the only American author who distinctly advises its performance, but, apparently, only with the object of facilitating the mobilization of the incus, from time to time, in cases that require this procedure.

In 1892 Jack§ reported the results of 16 operations for the removal of the stapes and in the following year the results in 32 additional cases.|| Both Jack and Blake, of Boston, have performed the operation somewhat frequently, but without uniformly beneficial results, the larger percentage of good results being obtained in suppurative cases, where it is probable that in many of the cases operated upon an equally good result might have been secured by a simpler and less serious operation. Of the 21 cases of removal of the stapes in non-suppurative cases reported by Blake in 1893,¶ there was a noticeable improvement in the

hearing in only 3; and only in 2 of these 3 was there improvement in the hearing sufficient to be of any practical benefit.

A knowledge of the pathology of middle-ear catarrh and the discouraging history of intratympanic operations done for the relief of deafness and tinnitus have prevented my ever operating, except at the earnest solicitation of my patient; and consequently the number of my operations has not exceeded ten. My method of procedure has been essentially that advocated by Miot.* A large incision is made in the posterior and upper periphery of the drum-head and yields, when the flap is turned forward, a good view of the regions of the round and oval windows. If the incision be made under cocaine,—it is not a very painful procedure even without cocaine,—the patient's hearing should be carefully tested and any improvement noted. I have never noted any. The stapes should next be carefully manipulated by means of probes and a small hook passed around the descending process of the incus close to the incudo-stapedial articulation and the hearing again tested. I have never noted any improvement in the hearing follow this procedure, and I have invariably been obliged to cut the stapedius tendon, incise the incudo-stapedial articulation, and mobilize the stapes before obtaining the slightest improvement in the hearing. In a case seen in consultation before operation by Prof. B. Alex. Randall, hearing for a watch was increased by disarticulation at the incudo-stapedial articulation from two inches to nearly normal, and hearing for the voice improved to such an extent that the patient was able to hear a whisper at ten feet, while before the operation he was only able to hear a loud voice close to his ear. Subsequently hearing for a watch decreased to about five inches, but improvement in the hearing of the voice has continued unchanged during the eighteen months or more that have elapsed since the operation.

In surgical mobilization of the stapes it is advisable, where no improvement in the hearing follows tenotomy of the stapedius, circumcision of the stapes, and gentle manipulation of that ossicle, to employ sufficient *brisement forcé*, by means of a hook or forceps, to endanger the removal of either the whole or a part of the stapes. The experience of Jack and Blake

* *Ibid.*, p. 368.

† In 1888. *Ibid.*, p. 367.

‡ Diseases of the Ear. Dench, p. 484.

§ "Remarkable Improvement in Hearing by Removing the Stapes," by Frederick I. Jack, M.D., in Transactions of the American Otological Society, 1892.

|| "Further Observations on Removal of the Stapes," *ibid.*, 1893.

¶ "Stapedectomy and Other Middle-Ear Operations," by Clarence J. Blake, *ibid.*, 1893.

* Maladies de l'Oreille et du Nez, par C. Miot et J. Bara-toux, Paris, 1894.

and more especially the experiments of Politzer * indicate that where bony ankylosis of this ossicle to the oval window exists the crura of the stapes will invariably be broken during an effort to remove the stapes. In fortunate cases, however, a portion of the foot-plate may be brought away and a path opened for the entrance of sound waves. In one of the cases operated upon the crura and a portion of the foot-plate of the stapes were removed, and the patient's hearing improved from the ability to hear a loud voice at one foot to the ability to hear ordinary conversation at ten feet. The improved hearing has continued during the thirteen months that have elapsed since the operation. Previous to the operation she was unable to hear any tone on a piano one octave above the middle C, but she now hears all the notes of her piano.

Of the other eight cases operated upon there was a slight gain in the hearing and relief of tinnitus in all except one. In this case the result was entirely negative. In the case of a bleeder I was obliged to suspend the operation after the primary incision on account of hæmorrhage; but afterward gained access to the incudo-stapedial articulation by destroying a portion of the drum-head with sulphuric acid in the manner employed by Simrock, and succeeded in disarticulating the joint, the result being that there was no improvement in the hearing, but tinnitus disappeared.

41 SOUTH NINETEENTH STREET.

CLINICAL LECTURES.

RE-OPENING THE WOUND FOR SEPSIS; TUBERCULAR PERITONITIS; LACERATION OF THE PERINEUM AND TRACHELORRHAPHY; SUPPOSED APPENDICITIS.†

By E. E. MONTGOMERY, M.D.,

Professor of Clinical Gynecology in the Jefferson Medical College; Gynecologist to Jefferson and St. Joseph's Hospitals; President Alumni Association Jefferson Medical College.

GENTLEMEN: The patient upon whom I operated for fibroid had a temperature reaching 103° F. last night. I recognized that there must be a focus somewhere of infected material which was not being elimi-

nated. We looked at the dressing and found nothing there to give rise to the elevation of temperature. This morning I took out the lower two sutures and introduced my finger, tearing up the parts that had become adherent, and washed out the blood and serum. There was no evidence of pus or anything resembling it, but a larger quantity of serum than the peritoneum was able to absorb. We found on examination there was some trace of albumin and some hyaline casts in the urine, which accounted for the decreased assimilation and showed that she was carrying more of a load in the peritoneal cavity than she could conveniently manage. Ordinarily the peritoneum will absorb a large quantity of fluid in twenty-four hours if the eliminative powers of the patient are in good condition, and in this case had they been in good order she would have been, without doubt, able to relieve herself. She had extensive adhesions on one side, and these involved the intestines to such a degree that we thought the intestines atrophied and very much narrowed, but subsequently, with a free evacuation of the bowels, large quantities of gas were discharged, showing that the intestinal tract was intact. The occurrence, however, of the elevation of temperature, with the condition of the urine, made us feel it was very important to relieve her of every unnecessary load; so we re-opened the peritoneal cavity, broke up the adhesions, irrigated it with a normal salt solution, and then introduced a drainage-tube. This is separated from the dressing by the ordinary rubber dam. The cavity will be kept dry by taking a pair of drainage-tube forceps, which are sterilized, and carrying to the bottom of the drainage-tube some sterilized cotton, using this every hour or half-hour, if necessary, until the cavity is thoroughly emptied, and thus prevent any accumulation of fluid within it. If the patient should show signs of sepsis still further, we can irrigate the cavity by introducing a tube to its bottom, allowing the fluid to run in and thus further sterilize the cavity. For this purpose a normal salt solution, or, if it is thought best to use an antiseptic solution, one of sulphurous acid is preferable.

Tubercular Peritonitis.—The patient upon whom I operated before you a week ago, in which a diagnosis had been made of rupture of a possible papillary ovarian cyst, producing peritoneal infection with ascites, was demonstrated to be a case of tubercular peritonitis.

* Diseases of the Ear. Politzer, pp. 319, 320.

† Clinical lecture delivered at the Jefferson Hospital, November 6, 1894.

The entire surface of the peritoneum was destroyed. The tissue was thickened, its epithelium abraded, presenting a rough appearance like a nutmeg-grater. You remember a coil of intestine floated up, in which I showed you the rough appearance of the serous coat. We found this condition to be general in the peritoneal cavity, that the omentum and mesentery had been destroyed, leaving bands running to the intestines which contained the vessels. These formed numerous openings through which it was possible for a portion of the intestine to slip, and which accident there was no means to obviate. The patient showed considerable shock after the operation, possibly due to the removal of the great pressure. The following day she was vomiting yellowish material, and this continued, the patient retaining nothing. She was given strychnine hypodermatically and rectal enemata, but she died at the end of forty-eight hours. I had not a very hopeful feeling for this patient the first time I saw her, but it was thought the operation would afford her the only possible chance. While we are desirous of keeping an unbroken record of successful operations, we cannot afford to place reputation between any patient and her chance for her life, and wherever there is an opportunity for the patient she shall have it.

Laceration of the Perineum and Trachelorrhaphy.—This patient is 25 years of age; married. Puberty occurred with her at 14. She was regular, and menstruated without pain for two years. At 17 she had an attack of dysmenorrhoea which lasted for four years, when she was married. A year later she gave birth to a child. Labor lasted two days; was a breech presentation. She suffered complete laceration of the cervix. She informs us the laceration of the perineum was immediately repaired, and the following morning that of the cervix. In this, however, there must have been some mistake, as we can hardly imagine a physician doing an operation upon the perineum and, twenty-four hours subsequently, repairing the cervix, the manipulation to do which would necessarily render the first operation unsuccessful. The operation on the perineum did not prove successful, and, one month later, a second operation was done with a similar result. Following the second operation she bled profusely for forty-eight hours, and gave a distinct history of being a

bleeder. She has no control over the bowel. About two months since she began to have pain in the left ovarian region, which persisted for one month, when she came to the out-patient department. As we look at this perineum, there has undoubtedly been an effort at repair, and, if the laceration extended through the sphincter, there has been partial union; but this resulted, as is frequently the case, in leaving the ends of the sphincter ununited. Now, the first indication in every operation for laceration of the perineum should be restoration of the function of the sphincter muscle, and it makes no difference how extensively the perineum may be re-formed, if she has want of control of the sphincter she will consider it to that degree an unsuccessful procedure. The condition which attracts the attention of the patient and annoys her, above all others, is the incontinence of the fæces, and, if this continue subsequently, she will rightly consider it a failure. The aim, then, should be to bring the ends of the sphincter muscle together in such a way that there will subsequently be complete control of that orifice. As this patient has had laceration of the cervix, I propose, first, to examine and repair it, as it is unnecessary she should be confined to bed and subjected to two operations when it can be accomplished with one procedure. I notice there is an inversion or rolling out of the mucous membrane, and, as I do not desire to run the risk of contracting the orifice to a great degree, instead of denuding the surface I will make an incision around the sides of the cervix in such a way as to lay bare a sufficient amount of the mucous membrane to bring together and, in that way, prevent turning out and inversion of this canal. In other words, I will do a flap-operation here upon the cervix similar to what is done upon the perineum. Now, as the suture is introduced and tied, you see this canal is inverted. We have brought the raw surfaces together on either side without removal of any mucous membrane, and we leave it with no possibility of it being contracted at the external orifice, so as to produce subsequent trouble. I will turn the patient about so all will have a chance to see it. We have simply made an elliptical incision at either angle of the external os, introduced sutures drawing the raw surfaces together, which turns in and narrows the external os, preventing eversion of the mucous

membrane, and without loss of tissue. The operation is quickly done, and serves every purpose, without the danger of unduly contracting the orifice.

Formerly the operation for laceration of the cervix was very frequently done, and without sufficient cause. Not unfrequently it is subsequently necessary to do an operation for dilatation of the canal to relieve the patient. As we examine the perineum we find the ends of the sphincter muscle have been brought up and not closely united; so that a portion of the muscle is separated, giving her a defective control of the orifice of the bowel. We shall aim, in our operation to-day, to improve this perineum and restore the control of the sphincter. With a pair of scissors I have penetrated the perineum and split it up forward and above, then made flaps posteriorly, laying bare the ends of the muscle. As you see, we have split the surfaces, making a double Y-incision, carrying the incision around the vulva above and the anus below. The flaps are separated and sutures are introduced in such a way as to bring the ends of the sphincter muscle in apposition. This first suture is entirely buried, and so introduced as to carry it well back of the sides of the anus, to make sure that the ends of the weakened muscle are brought in apposition. The next suture is carried a little higher and introduced deeper. In tying the first suture I am careful to hold the edges of the raw surface down so that there will be no turning in of the skin. Some four sutures are introduced. After the wound is closed the surface is washed and dried and collodion applied over it, which forms a coating and protects the raw surface. With this operation you should have complete control of the sphincter and restoration of the perineum. The limbs will be kept in apposition so there will be no traction upon our sutures. Her bowels were freely moved before the operation and she will be kept upon an animal-broth diet, which contains little waste material, absolutely interdicting milk in any form on account of its large amount of casein, which produces a hard, dense, material and adds also to the quantity of intestinal gas. The bowels will not be moved for two or three days. On the fourth day we will give a purgative and secure thorough evacuation. The second dose will be given just prior to the removal of the sutures, on the seventh or eighth

day. The patient will be permitted to pass her urine herself rather than have the catheter used. The latter, in spite of every precaution, will frequently irritate the urethra and bladder, giving rise to urethritis or cystitis, oftentimes producing symptoms more severe and painful than the condition for which the operation is done. Where it is necessary to use the catheter it is important to have the nurse directed to use a glass catheter, as it can be better cleansed than the rubber one. She should be sure that the instrument is perfectly clean. She should not attempt to pass the catheter without separating the parts and determining the position of the urethra, having the parts thoroughly cleansed. This may be done by taking a piece of absorbent cotton wet with hot water or with an antiseptic solution, and pressing it against the vestibule over the orifice of the urethra, because this is the point at which the discharge is most likely to collect and be carried into the bladder. For this reason it is always better to have the catheter passed by sight, and to use a glass catheter for the reason that we can be more certain it is clean.

Supposed Appendicitis.—This patient I have not seen. I bring her before you for the purpose of examination and diagnosis. She was sent to the ward yesterday. She is 57 years of age; her father, mother, one brother and sister died of cholera. Several children died in infancy, one brother of Bright's disease, and one sister after an operation. She has always been healthy. Puberty occurred at 14; menstruation was regular and painless, the flow lasting three days. She was married at 34; had three children and three miscarriages. The labors were normal and convalescence undisturbed. The climacteric occurred six years ago, at the age of 51. With the exception of an attack of typhoid fever at 23 and occasional attacks of biliousness she has been in good health. Her present trouble began in July last; she had vomiting after eating and during the night vomited mucus; she has had loss of appetite and occasional attacks of headache. When first taken sick she had severe cramps in the calf of the leg and her bowels were constipated; since then she has suffered with pain in the right side, especially on exertion, with pain in the lower portion of the abdomen and vomiting and pain in the epigastric region; no trouble with micturition or urination, and complains of pain in the

lower part of the abdomen on the right side. In looking at the abdomen you see no special variation from the normal. There is apparently a little more fullness upon the right side than upon the left, but it is scarcely noticeable. In making pressure over the right side of the abdomen I notice a sense of resistance in front of the crest of the ilium, between the anterior spinous process of the ilium and a line drawn to the umbilicus. She manifests a desire to guard the parts by rendering the muscles tense when pressure is made over the abdomen. As I pass the fingers over this and move the abdominal walls, I notice considerable resistance. Examining upon the opposite side we find no such condition. We find no points of resistance elsewhere until the point above mentioned is reached. There is no enlargement of the liver, although there is some tenderness under the ribs. It is a matter of importance to determine the cause of this condition. What are the conditions which are likely to give rise to enlargements in this region? We recognize, in consideration of any abnormal condition, that we have, in different portions of the abdomen, different viscera; and for the purpose of study and mapping out more accurately the different portions we are in the habit of dividing the abdomen by arbitrary lines into some nine spaces; thus, by two lines crossing the abdomen, the one at the end of the eighth rib and the other at the crest of the ilium. These are bisected by lines drawn vertically to the middle of Poupart's ligament on either side. These lines divide the abdomen into the following spaces: from above downward into the right and left hypochondriac regions and the epigastric; the right and left lumbar and umbilical; the right and left inguinal and the hypogastric. In each of these spaces are situated certain viscera. In the right lumbar region, any growth found will be probably due to the liver, kidney, or ascending colon; on the left side, the spleen, the left kidney, or the descending colon. In the inguinal region at the lower part of the abdomen we have the particular pelvic viscera of this region, the uterus, ovaries, tubes, bladder, intestines, and omentum; and in the right inguinal region, also, the end of the colon, the cæcum, and the appendix. The appendix frequently gives rise to attacks of inflammation, so much so as to be known as the fashionable disease of the

present day. On the left side we have the sigmoid flexure of the colon, the left ovary and the left tube.

Now, this mass is situated in the right inguinal region, and the viscera that may possibly give rise to such trouble in that region are the head of the colon, the cæcum, the ileo-cæcal valve, the appendix, and the left ovary and tube. It is rare we find the right ovary and tube the cause of disease, situated so high up as this, without there is extensive trouble in the pelvis. It is rare, also, to find the tube and ovary, in a woman 57 years of age, the seat of disease other than some malignant trouble. It is important, of course, to make a thorough examination, in order to eliminate the possibility of various conditions we have under consideration, and thus avoid the possibility of arriving at a false diagnosis. We make a careful examination by the vagina, then, to ascertain whether there is any enlargement of the truly pelvic viscera and any growth from them which would occasion this trouble. There is some vaginal discharge, although it is not an uncommon thing in persons of her age. We find there is a certain amount of senile vaginitis, with agglutination of the vagina. The uterus is situated high up, not very large, and quite movable, but presents no indication of enlargement of either the uterus or ovary. The enlargement here is higher up and entirely separable from the pelvic organs. I have no hesitancy in saying it is not due to ovarian or tubal trouble. As I make pressure in the pelvis I find I can get below this mass of exudation, between it and the uterus and ovary. If it does not arise from the viscera of the pelvis, what is the probable cause of its existence? The most probable explanation is that it has arisen from inflammatory trouble about the cæcum, and the condition which gives rise most frequently to trouble in this region is the appendix; so I am inclined to believe, from the physical signs in this patient, we have exudation, possibly presence of pus which has been shut off from the peritoneal cavity as a result of inflammatory trouble about the appendix. There may have been a concretion in the appendix; perhaps a grape-seed or orange-seed has made its way into it. The mere concretion itself can give rise to the ulceration of the appendix and the formation of pus. In this the only justifiable procedure would be operation, opening down

upon this mass, making what is, consequently, an actual laparotomy,—that is, an opening in the flank; and if we find a pus-sac which cannot be opened from this incision without opening the peritoneal cavity, the incision may be made still farther toward the back so as to reach the abscess-cavity behind the peritoneum. The cavity should be thoroughly irrigated and the collection of pus completely emptied. If it is not desirable to tear up, with a view of removing the appendix, the cavity may be packed with iodoform gauze to insure its thorough drainage and subsequent obliteration.

[NOTE.—The abdomen was opened a few days later and the tumor found to be a sarcoma of the cæcum. The involvement of the peritoneum was too extensive to permit its removal. The patient recovered from the laparotomy, but with no amelioration of the local symptoms.]

THE SYMPTOMS OF LOCOMOTOR ATAXIA.*

By CHARLES W. BURR, M.D.,

Clinical Professor of Nervous Diseases in the Medico-Chirurgical College.

THE examples of locomotor ataxia shown you in the clinic have been so typical that you will, I am sure, have no difficulty in the future in recognizing similar ones. But there is a grave danger for you in their having been so typical. I fear that you may have received false impressions of the natural history of the disease. I fear that some of you have gone from the lectures with the strongly-fixed idea that locomotor ataxia is a very simple thing. That the order of events is only this and no more,—muscular pain lasting a longer or shorter time, muscular inco-ordination, and, on examination, absent knee-jerk and Argyle Robertson pupil. I fear, finally, that you may have been so impressed by the symptom ataxia as to think of it as always present. All this is wrong; is only a half-truth. Ordinarily diagnosis is not difficult, and diagnosis from other spinal and cerebral affections is most often easy. You will not, I trust, confuse primary lateral with posterior sclerosis or mistake a palsy for ataxic trouble, but you will be very apt to make the mistake of forgetting

the possible existence of the disease and of thinking that the organ to which the patient refers the symptom is the seat of primary lesion. Do not put too much reliance on what patients say. If you rely on that alone and neglect careful physical examination you will repeatedly be led far afield and more often than not fail to reach a correct opinion. The statements of patients have value, but often it is not in what the words literally mean, what the patient thinks he is saying, but in what he unconsciously tells you. Therefore, always let a patient tell you his own tale in his own way, but learn to read between the lines. Let us, then, review some of the symptoms that patients will describe to you, paying no attention for the present to the physical signs of the disease discovered by examination. The course of locomotor ataxia is not like the acute exanthematous fevers divisible into clearly marked off stages. We speak, and very properly, of a pre-ataxic, an ataxic, and a paralytic stage. The division is convenient, and most frequently such is the course of events; but we cannot say of any given case how long before it will pass from one stage to the next, nor what the total duration will be. It does not progress regularly and steadily. It now hobbles, now runs, now stands still, and now, may be, goes back, and this altogether independent of the influence of treatment. Ataxia is not always present. Characteristic pains and lost knee-jerk may exist for years without any or but slight muscular inco-ordination. Thus, in one case there was a history of pain and gastric crises for nine years. The knee-jerk was absent, but co-ordination was good. After death from phthisis examination revealed quite distinct posterior sclerosis. On the other hand, ataxia may develop very rapidly, almost suddenly, and mislead you into thinking you have to do with an acute trouble. I had such an experience a few years ago. A densely dumb mulatto came stumbling into the dispensary of the Howard Hospital complaining that two weeks previously he had begun to stagger. He denied flatly that he had had any earlier trouble, but his people stated that they had noticed irregularity in his gait for many months, and that he had often complained of rheumatic pains. As a rule inco-ordination appears first, and is much greater in the legs than in the arms. Rarely it never appears in the arms. For example, one pa-

* Clinical lecture delivered at the Medico-Chirurgical Hospital.

tient could neither stand nor walk, but still was able to put the minute jewels in watches,—an occupation requiring the greatest nicety of movement and steadiness of hand. Very rarely, once or twice in a life-time, you will encounter cases in which inco-ordination appeared in the hands first. Only patients of quite good intelligence describe their motor trouble in understandable terms. The larger number either do not speak of it at all, unless it is so patent that you do not need to be told, or mislead by their description. You, doubtless, remember a man who came to the clinic recently complaining that often, while walking, his legs gave way under him and he dropped to the ground, suggesting a paralytic rather than an ataxic trouble. He said nothing of ataxia, though his gait was typical, and spoke of pains only when questioned. This sudden, transitory weakness in the legs is by no means infrequent. Its cause is not always clear. When due to pain or vertigo the explanation is simple, but this is a very different condition. There is a true momentary paraplegia or monoplegia. It is similar in character and probably similar in cause to the transient ocular palsies. You will not, of course, confound it with the persistent paraplegia occurring late in the disease.

You are already well acquainted with the muscular pains, the anæsthesia and the paræsthesias, and know how to interpret them to avoid mistakes. But let me remind you of the purpuric spots and herpes that may appear during attacks of pain, and the former even independently of pain.

Ocular troubles are often complained of even to the exclusion of all else. Thus, rapid or gradual failure of vision or diplopia or ptosis may be the first indication to an unobservant patient that he is not in good health. It is a curious fact that, in by far the larger number of cases in which there is marked optic atrophy and blindness, muscular inco-ordination is slight or never appears.

Joint affections in clearly-marked cases are easily recognized, but, unfortunately, their occurrence does not seem to follow any law of association with other symptoms. They may appear during any stage, and it seems to me are more frequent in old men and women suffering from ill-defined symptoms in almshouses than in well-developed cases. Thus, a patient shown me by Dr. William J. Taylor

had had for four months a painless swelling of the right knee. There was internal lateral dislocation and erosion of the cartilages. We need not go over all the symptoms. Suffice it to say it was undoubtedly a Charcot joint. Argyle Robertson pupil, slight lancinating pains, and occasional urethral spasm were present, but—and this throws doubt on the existence of posterior sclerosis—the knee jerk was normal. There was no ataxia. I am not sure, and cannot be dogmatic, but am inclined to class this case as an example of aberrant locomotor ataxia. Had the knee-jerk been absent I should have no doubt.

Patients complain of many visceral symptoms. The most frequent and most apt to be misinterpreted is the so called gastric crisis. You will remember that it is characterized by severe paroxysmal gastric pain, accompanied by nausea and vomiting. Infrequently there is pain alone, or vomiting alone, rarely nausea alone. The mistakes that may be made in attempting to diagnose such a condition from the history without physical examination, or after abdominal examination only, you may reason out for yourselves. Finally, do not forget the occurrence of paroxysmal pains in other organs,—for example, the rectum, the urethra, the kidneys,—nor the laryngeal crises, characterized by dyspnoea and noisy breathing.

You must not be discouraged by this long, yet briefly put, and incomplete catalogue of symptoms, but rather be encouraged by remembering that every sick man is a puzzle to be solved, that no certain solution can be obtained till you learn the objective physical signs of disease and how to elicit them, and that the prize is intellectual satisfaction. It is easier to simply listen to a patient, give him some medicine and send him away, but that method means intellectual sloth and criminal neglect.

MISS K. A. GOUGH, graduate of the Medico-Chirurgical Hospital Training-School for Nurses, has accepted a call from the hospital connected with the Volunteer Soldiers' Home at Togus, Maine. Miss Gough has departed to enter at once this new field of labor as head nurse.

At the last meeting of the Trustees of Jefferson Medical College, Philadelphia, the honorary degree of LL.D. was conferred on Dr. John Collins Warren, Professor of Surgery in Harvard University.

SOME OF THE DIFFICULTIES OF DENTITION.

By WILLIAM C. HOLLOPETER, A.M., M.D.,

Clinical Professor of Diseases of Children, Medico-Chirurgical
College; Physician to the Methodist Episcopal Hospital,
Philadelphia.

GENTLEMEN: The most fascinating, yet the most dangerous, diagnosis you will be called upon to master in the practice of medicine is "teething." It is fascinating because it is so common. All mothers will make the diagnosis for you before you see the child, and, as you are expected to agree with her, you will at once rise in her estimation. All babies have teeth; if they do not have them they are getting them, and they are getting them from the day they are born until the gums are full of them, according to most young mothers; hence, you will not be able to resist the fascination of keeping up the hallucination. I wish to warn you of this most dangerous hallucination. Every young physician, often baffled by the intricacies and difficulties of infantile disorders, is led, as it were, to some high mountain, and made to survey the wide realm of infantile diseases, with all the manifold forms and degrees of suffering to which the young are subject, and he is made to feel that all this dominion can at once be made over to him if he will but fall down and worship this monster feticus called "teething,"—this most comfortable and easy solution of what ails the baby.

Teething is a purely physiological process, and as such it should be removed from the domain of pathology. Before I show you a few cases of difficult dentition, which we have gathered before you, permit me to briefly outline the normal course of the first dentition. The first tooth may be looked for any time after the fourth month, although the average first tooth is not cut until the seventh month. It is most frequently—I was about to say it is always—a lower central incisor, and will be immediately, in most cases, accompanied by its partner. It is truly surprising how faithfully this lower central incisor appears as the first tooth. In all my experience I have seen but one exception to this rule, and this was in a strumous child. In this case it was the upper central incisor which came through first. After the two lower central incisors are through we shall have a pause from two to four weeks; it may be longer, but not often. Then come the

upper central incisors—two of them—with a like pause, when the two lower lateral incisors will make their appearance, but not with so long a pause. The eight incisors are cut by twos, commencing with the lower central incisors and ending by the end of the twelfth month. This process is accomplished by means of easy stages,—rests so needful for the young child, and permitting it to accustom itself to the new order of things and adjust the economy to the new functional activity. After the eight incisors are all through, then comes a still longer pause,—two to three months,—when the single or lateral lower bicuspid show themselves; they, too, come through in pairs. The canines come through after all the single bicuspid, or stomach-teeth, have erupted. It is quite remarkable that the canine- or eye- teeth should erupt near the eighteenth month; this has been so frequent that I have come to look for them in all healthy children at that time. The double molars come along about the twentieth month,—the last pair, excepting after a long pause of three to six months, between the twenty-eighth and thirtieth months. This is the usual course of normal dentition, but it may be departed from in one of two ways:—

1. Dentition may be *earlier* than usual. I have had several cases in which the incisors were erupted at birth; I have also seen the teeth come through by the second and third month. This is quite unusual, however. Natal teeth, strange to say, are always incisors; they do not remain, but fall out and dentition proceeds as usual. Early dentition, however, is to be looked upon as favorable, and, if it proceed normally in every other respect, it is to be looked upon as a case of advanced development.

2. Dentition may be *delayed* beyond the usual rule. I have a number of children in my practice who cut their first tooth after the eighteenth month; one child in particular, who was fairly-well nourished, erupted its first tooth at the end of the second year. These cases were all rachitic or strumous. Bottle-fed babies are most likely to cut their teeth slowly; hand-fed children in general do not receive the proper adjustment of food for the favorable production of the teeth. Their teeth are starved, it would seem. Delay in dentition generally implies difficulty, although this does not always follow. One word on the sub-

ject of lancing the gums when the tooth is slow in erupting. I believe it is unnecessary; it does no good; it causes suffering; I rarely resort to it. In the very few examples where I found relief, I found the strongest indications for it; this is not always looked for. The only time when you are to cut the gum is when it is swollen and there is a white area on the very top of the gum, indicating the seat of pressure. You must feel the tooth; this, associated with constitutional disturbance of which you have no other explanation, will offer you the only excuse for inflicting injury on the child's mouth. Then cut down on the tooth, thoroughly dividing all the tissue from the surface to the tooth. A linear incision for the incisors and a crucial incision for the double teeth.

We have very briefly outlined the course of normal dentition; permit me to illustrate a few of the more common difficulties of dentition as found in our waiting cases.

The most frequent symptom first noticed in the commencement of dentition is hypersecretion—slobbering. Indeed, most young mothers regard their child as erupting teeth from birth. This excessive secretion continues until it produces a slight inflammation of the whole oral cavity—a true catarrhal stomatitis.

Case I. This case, a 6-month-old girl baby, perfectly healthy and breast-nourished child, illustrates the intense longing of the mother to see the first tooth of her offspring. She says it has slobbered ever since its third month, and has been sucking its fingers and every thing it can grasp it thrusts into its mouth. "I know it is its teeth," she instinctively adds, "because it acts just like the other child, and the doctor said it was cutting its teeth." We see here an active secretion of all the glands of the mouth,—a true physiological condition passing from hyperæmia into a true catarrhal stomatitis. If this child was not breast-fed it would undoubtedly develop ulcerative stomatitis. As it is, we will simply order a saturated boracic-acid mouth-wash to maintain the natural alkalinity of the buccal secretion, caution the mother as to too frequent nursing, and wait the coming tooth. This is an illustration of the local trouble of dentition.

Case II. Child 9 months old, bottle-fed, with "taste from the table." We see here the same dribbling, the secretion finding its way out of the mouth and falling on its chest.

The child cut the two lower central incisors six weeks ago, and for three weeks the extreme condition you now see has been going on. The child was brought to us for a cold; it has coughed for a week, at times quite croupy; the cause is quite apparent. The constant dribbling has kept the chest damp, and has thus lit up a slight bronchial catarrh, a reflex bronchitis. Our treatment will be to prevent the cause, and we will do that by instructing the mother to use a rubber or oiled-silk bib, and thus keep the skin of the chest dry. For the cough she may use a mild embrocation, as hot camphorated oil, and drop-doses every hour of syrup of ipecacuanha internally for one day. She must reduce the strength of the contents of the bottle and feed at longer intervals, and withdraw all table-food. The same mouth-wash may be used in this case as was ordered in the first. This case illustrates how a local trouble may produce a constitutional.

Case III. This child is 18 months old; has all its incisors and lateral bicuspid well through. It is on table-food. It has the left eyelid swollen and closed, from which pours thick, transparent, ropy secretion. On examination, I find the points of the canine erupting. The eye trouble is a reflex complication of dentition, and gives a tangible foundation for the popular belief in the difficulties of cutting the eye-teeth.

Conjunctival blennorrhœa is a frequent reflex disturbance occurring during the eruption of the upper canines. It is an extension of irritation to the antrum of Highmore through the nasal chamber, eventually reaching the conjunctiva. The question for you to decide here is: Is it a true blennorrhœa? We say it is not by the inflammation being unilateral and by the absence of the dark-yellow, purulent pus. The treatment will be expectant. With the appearance of the canines the swelling will disappear. In the meantime we will order thorough cleanliness and dry, hot flannel application.

Case IV. This child is 20 months old. He has erupted all his incisors, canines, and lateral molars. He is now evidently struggling with his double molars. The mother gives a history of several days' crying and restless nights, with screaming and rolling of the head, fever, and a tendency to place the hand over left ear. Yesterday and to-day he has been

much easier, and the fever is all gone. She noticed, for the first time, a discharge from the ear. The child has been suffering from a reflex irritation of the ear,—a true inflammatory trouble of the most painful character. This condition of affairs is transmitted from the inflamed gum to the otic ganglion and then transmitted to the vessels supplying the tympanic membrane. The result is great pain. If the irritation continue sufficiently, suppuration takes place and the pus perforates the tympanic membrane and makes it exit into the external auditory channel. The complete eruption of the tooth stops the irritation, and usually the suppuration also ceases. The treatment is to use dry heat on the ear and, if that do not relieve the pain, use hot water slowly dropped into the ear, or cocaine—a 4-per-cent. solution, warmed—may be instilled into the ear. If that fail, ether-vapor may be used. This is best accomplished by taking a clay tobacco-pipe and filling the bowl of the pipe with absorbent cotton and placing the point of the stem in the ear and, with the mouth over the bowl of the pipe, blow the vapor of the ether into the ear. Frequently, you will find pus in the auditory channel. The subsequent treatment will be that of acute inflammation of the middle ear.

The more decided constitutional troubles of difficult dentition—diarrhœa, fever, and convulsions—I must reserve for another time.

ABSTRACTS.

SUBORDINATE USES OF SULPHONAL.

Aside from its well-established position as an hypnotic *par excellence* sulphonal has other claims to recognition in the treatment of various diseases. A review of the literature shows that it also possesses antispasmodic, analgesic, antineurotic, diaphoretic, and antidiabetic properties. In an article in the Times and Register, Dr. E. W. Bing gives the following excellent summary of these different actions:—

1. As an antispasmodic it is useful in all forms of pain due to muscular contraction, as in colic, cramp of muscles, hiccough, asthma, tetanus, etc.
2. As an analgesic it has proved valuable in neuralgias, colic from gall-stones, pain follow-

ing fractures or produced by nerve-pressure in any locality, either from inflammatory exudation or from transient causes, as cramp of thigh-muscles in labor or in choleraic conditions, or those painful cramps in the calves of the legs seen in chronic alcoholism.

3. Its antineurotic action is well illustrated by its beneficial effects in epilepsy, hysteria, etc., in which it not only controls the attacks, but at the same time lessens the liability to them. The irregular and involuntary movements of chorea are likewise controlled.

4. Its antidiaphoretic action has been illustrated in the prevention of the night-sweats of phthisis, where a dose of a few grains will generally give a comfortable night without the discomfort produced by the sweat. It has been reported as beneficial in diabetes, diminishing the sugar and the excessive quantity of urine.

The author further cites cases from his own practice in which these various properties of sulphonal are clearly illustrated. Among these one case is especially deserving of notice, since it demonstrates the value of this hypnotic in advanced cardiac disease. The patient who suffered from aortic regurgitation with loss of compensatory hypertrophy and from chronic bronchitis was much troubled with insomnia and a constant pain in the right side. Bromides and morphia were given to induce sleep, but both failed in their action or did not agree with the patient, while sulphonal in small doses gave a good night's rest and some relief to the pain.

BENZOSOL.

This substance is the benzoate of guaiacol. It contains 54 per cent. of guaiacol and occurs in small, colorless, odorless, and almost tasteless crystals, having a slight aromatic flavor. It is practically insoluble in water, but soluble freely in hot alcohol, ether, and chloroform. The intestinal juices split up the compound into its constituents and liberate the effective guaiacol under conditions that avoid the unpleasant taste, and that reduce the local irritation which results when guaiacol itself is used. It has been used successfully, it is said, wherever creosote and guaiacol are applicable; it is said to be especially useful as an antiseptic in intestinal disorders, and in phthisis pulmonalis.

Benzosol is best administered in chocolate

pastilles with peppermint-oil or sugar, or else in powder in doses of from 3 to 12 grains, three or four times a day.—DR. CHARLES M. BUCHANAN, in *Medical Review*.

VEGETATING NASAL SYPHILIDES IN SECONDARY SYPHILIS.

Dr. H. Ripault reports the case of a young woman, 21 years of age, who consulted him on account of a complete obstruction of the nostril. Upon examination there were found, in the left nasal fossa, gray, irregular, and sprouting growths. In the pharynx were adenoid vegetations. Regarding them as of tuberculous nature, Dr. Ripault curetted the nasal fossa and touched the surface with lactic acid. The tumors, however, soon re-appeared. A more radical operation (Rouge's) was about to be undertaken when a typical roseola came out upon the body of the patient. An anti-syphilitic treatment was then adopted, and the tumors completely vanished.—*Revue de Laryngologie*, etc.

ŒDEMA OF THE LARYNX AS A DIAGNOSTIC SIGN OF DISEASE OF THE KIDNEY.

Dr. Abate, of Catania, writes that, in March, 1893, a man, about 40 years of age, large and well built, but pale and somewhat emaciated, was brought to him, presenting all the symptoms of a laryngeal stenosis. Nothing suggestive was found in his personal history, except an abuse of wines and liquors. During the preceding year the muscular strength had greatly diminished without apparent cause, and the patient experienced a sensation of languor, together with an indefinable malaise. Within the period named, also, the skin and visible mucous membranes had lost their usual color. The symptoms of suffocation and difficulty of breathing had manifested themselves a short time before his visit, but had not assumed an alarming character until within a few days.

Laryngoscopic examination revealed the presence of great œdema of the epiglottis and the aryteno-epiglottidean folds. The vestibule of the larynx was almost completely obstructed. At the solicitation of the patient Dr. Abate scarified the œdematous parts, as a result of which the man suffered from a violent attack of suffocation. The laryngeal spasm lasted, however, but a few seconds, and the pa-

tient revived after ejecting nearly two tablespoonfuls of sero-sanguinolent fluid. He was made to swallow some pieces of ice and the respiration gradually improved. At the end of an hour and a half the patient returned home, satisfied with having his breathing made free and recovering the power to swallow liquids and solids.

Ten days later the writer was preparing to lightly scarify the right arytenoid cartilage, which was somewhat œdematous, when he was struck with the swelling of the face. Everything then became clear. The urine contained a large quantity of urine with casts, and was of a very low specific gravity. A diagnosis of diffuse chronic nephritis was made.

The case is not remarkably exceptional. Œdema is one of the most constant symptoms of chronic parenchymatous nephritis and is characterized by its great instability, disappearing suddenly at one point to appear in another place. The author closes with the following conclusions: Œdema of the larynx is much more frequent than is generally thought. Discovered early by laryngoscopic examination, the patient may often be saved from certain death. Finally, it permits the diagnosis of diseases of important organs.—*Revue de Laryngologie*, etc.

ARECOLINE.

This alkaloid, derived from the areca-nut, has been carefully studied by Dr. Lavagna, of Turin, with a view to its use in ophthalmology. The author employed the bromhydrate of the alkaloid, as the latter is too hygroscopic. If several drops of a centesimal solution are instilled into the eye there are, at first, some symptoms of conjunctival irritation. This lasts, however, but a few seconds and is accompanied by blepharospasm. When the spasm has ceased the bulbar and palpebral conjunctivæ are hyperæmic; but this manifestation, in its turn, disappears at the end of two minutes, giving place to clonic contractions of the iris and terminating in a myosis, which attains its maximum at the end of ten or twenty minutes. After seventy minutes the pupil returns to the normal state. Reaction to light is greatly weakened during continuation of the experiment. Arecoline, therefore, is a myotic of very rapid and sufficiently-prolonged action. The author intends to continue his researches.—*La Médecine Moderne*.

ALOPECIA DUE TO EPILEPSY.

Under the name of "post-epileptic alopecia" M. Ch. Féré describes a special form of baldness which follows epileptic attacks. It manifests itself in the form of patches, generally multiple, of a rounded contour, attaining almost from the beginning a definite size, never presenting a trace of congestion or lesion due to scratching; there is neither alteration of the skin or hair and spontaneous cure takes place at the end of some weeks or months. These facts, which, in their evolution, recall nervous alopecia, deserve to rank among the post-paroxysmal trophic troubles of epilepsy.—*La Médecine Moderne*.

THE USE OF EGG-MEMBRANE AS A CUTANEOUS GRAFT.

Dr. Amat states that he has utilized the inner layer of the shell-membrane of a hen's egg with a certain degree of success, particularly in cases of extensive burns.

The process is one which it would be highly interesting to experiment with on a larger scale. The suppuration must be suppressed, and the region upon which the transplantation is to take place must be protected from air with four or five layers of carbolized gauze. As fresh an egg as it is possible to obtain is broken, following the long axis. At the large end of the egg there is a small air-chamber between the two layers; here small pliers are applied, and narrow bands of the inner leaf drawn out—these can be detached in portions four to five millimetres long, which should be cut into equal lengths and deposited directly with the point of a scissors, to which they usually adhere. While they do not curl up, it is not always easy to apply only the internal leaflet, as the two layers often adhere; it is not certain, however, that the application of both will result negatively. The grafts are placed twelve to fifteen millimetres apart, and are covered with a piece of tin-foil about one cubic centimetre square, a few layers of carbolized gauze being placed over all. The external application is changed every three to four days.—*Mod. Med.*

DR. A. G. TEBALTY, of Norfolk, President of the Virginia Medical Society, recently died, aged 84 years. He represented Princess Anne County in the Legislature in 1857-58, and was President of the Virginia Medical Society in 1874.

THERAPEUTIC NOTES.

ECZEMA OF THE VAGINA.

Von Schlen employs

℞ Ichthyl ammon., . . . 1½-2 parts.
Amyli tritici,
Zinc. flor., . . . 12 parts.
Vaselin., . . . 25 parts.

M. Sig.: Fiat pasta.—*College and Clinical Record*.

GONORRHOEA.

Professor Keen gives the following prescription as useful:—

℞ Hydrarg. chlor. corros., . gr. ½.
Zinci sulphocarbolat., . 3ss.
Acid. boric., . . . 3ij.
Liq. hydrogen peroxide, . f 3vj.

M. Sig.: Use as an injection.

If the urethra be very irritable there may be added, also, from gr. xvij to gr. xxiv of the watery extract of opium.—*College and Clinical Record*.

A DEODORIZER FOR IODOFORM.

The Lyon médical for August 25th remarks that the odor of iodoform, if not dangerous, is very noticeable and annoying. The oil of turpentine causes this strong odor to disappear immediately from anything with which this antiseptic has come in contact. The hands may be first washed in water to which some turpentine has been added, and afterward with soap and water, and it will be found that the odor has entirely disappeared.—*New York Medical Journal*.

SUPPRESSED MENSTRUATION.

Dr. George T. Mason, of Trenton, Iowa, highly commends the following formula in the Medical World:—

℞ Fl. ext. blue cohosh,
Fl. ext. ergot., . . . 3j.
Sweet spts. nitre,
Spts. lavender comp., 3ss.

M. Sig.: Teaspoonful four times a day.

PHTHISIS.

℞ Guaiacolis, . . . 3j.
Ext. pinus Canadensis, . ʒij.
Ol. eucalypti, . . . 3j.
Syr. papaveri, . . . 3j.
Emul. petrolati, . q. s. ad 3vj.

M. et fiat emul. secundum artem.

Sig.: One-half ounce one hour after each meal.—*Prescription*.

YEAST IN DIABETES.

Dr. Cassaët finds that a couple of ounces of yeast taken at meal-times are very useful in diabetes. At first the yeast tends to cause eructations and even diarrhoea, but after a few days the system tolerates it perfectly well and the patient finds his appetite improved, his pains less, and his general condition better than before commencing the yeast. Even in a case where phthisis was present and there had been considerable loss of weight there was a gain of several pounds at the end of a fortnight, and the dynamometer showed an increase in muscular power. The amount of sugar in the urine decreased, in one case from 32 to $7\frac{1}{2}$ parts in 1000.—*Lancet*.

SUCCINATE OF AMMONIA IN LABOR.

According to Dr. Remy, of Nancy, succinate of ammonia is very useful in spasmodic, cramp-like pains and in partial contraction of the internal os during parturition. In a case where this contraction occurred during the third stage of labor, rendering it impossible to deliver the placenta, a couple of doses of the above-named remedy relaxed the spasmodic condition and enabled the after-birth to come away without difficulty. The mixture recommended is a simple solution of the succinate in one hundred and forty times its weight of water, a tablespoonful dose being given every quarter of an hour until relief is obtained.—*Lancet*.

AMENORRHOEA.

The disagreeable taste of oxalic acid is disguised in the following mixture:—

Oxalic acid, . . .	2 grms.
Neutral glycerin, . . .	40 "
Syrup. aurantii, . . .	60 "
Water, . . .	400 "

One-quarter of a glass every hour.—*Occidental Medical Times*.

SUMMER DIARRHOEA.

In Dr. Griffith's clinic the following treatment for summer diarrhoea is often employed after the bowel is relieved of the irritating material by a dose of castor-oil or calomel:—

R Phenyl-salicylate, . .	1 drachm.
Bismuth salicylate, . .	3 drachms.
Oil of gaultheria, . . .	12 minims.
Chalk mixture, to make	3 fld. oz.—M.

Dose: Two fluidrachms every two hours. Opium may be added if there is much pain.—*Philadelphia Polyclinic*.

WHOOPIING-COUGH.

When gastralgia is present Dr. Francis T. B. Fest, of Plank Road, Mich., prescribes for a child over 2 years

R Belladonnæ tinct., . .	2.00.
Mentholis, . . .	2.50.
Spir. frumenti, . . .	10.00.
Glycerin, . . .	20.00.

Sig.: Teaspoonful every two hours.—*Journal of the American Medical Association*.

THE THERAPEUTIC USE OF UROTROPIN.*

Professor Dr. Arthur Nicolaier, of Göttingen, writes in the *Deutsche medicinische Wochenschrift*, No. 34, 1895:—

"In a preliminary communication † I have reported that Urotropin (Hexamethylentetramin), formed, as is well known, by the union of formaldehyde and ammonia, can be used in adults in doses as high as 6 grammes (90 grs.) daily, without any unpleasant effects. I have shown that under the influence of the remedy diuresis is increased; that uric acid and sedimentary urates, previously present in large quantities, no longer appeared; and that the disappearance of these deposits was not a mere consequence of the increased diuresis, but was due to the direct action of the remedy on the uric acid and its salts. These experimental results have demonstrated the fact to me that urotropin could not only be employed as a diuretic, but that it could be employed in the treatment of the uric-acid diathesis and the various diseases dependent thereon.

"My further experiments show that the remedy is especially adapted for the treatment of uric-acid calculi; for it turned out that after the ingestion of urotropin the urine gained certain properties that made it a uric-acid solvent, without any change occurring in its acid reaction.

"I have latterly limited myself to the exhibition of doses amounting only to 1 or $1\frac{1}{2}$ grammes (15 to 22 grains) daily, that amount being taken at once, in the morning, dissolved in water.

"Whilst experimenting on the solvent properties of the urine after the ingestion of urotropin on uric-acid concretions in the culture-oven, my attention was drawn to another

* I have called hexamethylentetramin "urotropin," because under its use the urine is changed in various ways. The drug was obtained from the "Chemische Fabrik auf Actien (formerly E. Schering)," of Berlin.

† Centralblatt fuer die med. Wissenschaften, 1894, No. 51.

property of the fluid. I noticed that the urine of patients who were taking 3 to 6 grammes (45 to 90 grains) of urotropin remained clear and retained its acid reaction at a temperature of 37° C. (98.6° F.), even when a few drops of urine in a state of ammoniacal fermentation were added thereto.

"I have used urotropin in two cases of cystitis, in which the urine was strongly ammoniacal, and I found it quickly efficacious in both.

"Case 1. The first case was a phthisical patient who had suffered, probably for years, from a severe cystitis. The cloudy urine contained a moderate amount of albumin, was very alkaline in reaction, and smelt strongly of ammonia. The sediment was abundant and greenish-yellow; it showed many bacteria and numerous crystals of triple phosphate and urate of ammonia. When the patient was put on 6 grammes (90 grains) of urotropin daily, a tablespoonful of a watery solution being given every two hours, some portions of the urine, even on the first day, were clear and acid. The total daily amount of urine, somewhat increased, was still alkaline; but it had lost its ammoniacal smell and the sediment was much less in quantity. On the third day the total amount of urine reacted acid; it showed only a moderate cloudiness, which was found to be composed of pus-corpuscles in small quantity, transitional epithelium, and red blood-cells. During this period the vesical pains, especially after urinating, which had previously been but slight, were somewhat increased, and they became still worse with the continuance of the same dose. I thought of the possibility of this being due to the urotropin, and on the seventh day I stopped its use. On the very next day the urine became strongly ammoniacal again, the sediment increased, the triple phosphate and urate of ammonia crystals became more abundant, and the pains in the vesical region became somewhat less. The attempt was then made to prevent the ammoniacal decomposition of the urine in the bladder by means of smaller daily doses of 0.5 to 1.5 grammes (7½ to 22 grains). It was found that with doses of 1 to 1.5 grammes (15 to 22 grains) each portion of urine, as voided, was acid, but the entire daily amount reacted alkaline; it did not, however, smell of ammonia, the formation of the triple phosphates was very much less, and the urate of ammonia crystals did not appear

at all. Daily doses of 0.5 gramme (7½ grains) did not seem to be effective in this case. Pain was not present, or at most transient, with these small doses. When the urotropin was stopped the patient was treated until his death mostly with sodium salicylate; but even in doses of 5 grammes (75 grains) it had no effect at all. The post-mortem showed the following as regards the urinary organs: ulcerative urethritis, diphtheritic cystitis, right pyelitis and ureteritis.

"Case 2. The second case was that of a patient who developed, amongst other symptoms, after an accident, a paresis of the detrusor vesicæ, together with a cystitis with ammoniacal decomposition of the urine. This occasioned him severe pain. Though this cystitis was treated at the Göttingen Medical Clinic with bladder-washings of boric-acid solution, the patient's condition was not improved. His urine had to be drawn several times daily with the catheter; he was given large doses of salicylate of soda, 5 grammes (75 grains) daily, with oleum pini pumil., but without result. His urine was strongly alkaline, smelled of ammonia, and contained a very abundant glutinous sediment. His bladder was washed out first with a 1-per cent. boric-acid solution, and then with a 1-per cent. carbolic-acid solution; but it only gave him temporary relief. The urine for the twenty-four hours retained its ammoniacal odor, and only those portions voided after the washings of the bladder were faintly acid. A marked improvement set in, however, when the patient was put on a daily dose of 1.5 grammes (22 grains) of Urotropin, a tablespoonful of a watery solution being given every two hours. At once, after the ingestion of the first tablespoonful, the urine drawn off with the catheter was acid, and two days later the entire amount of the secretion was strongly acid. The sediment showed only a small quantity of pus-corpuscles and transitional epithelium, and the pains in the vesical region had almost entirely disappeared. That the change in the reaction of the urine and the very considerable mitigation of the pain were due to the action of the Urotropin was demonstrated by the fact that, when the patient received only 6 grammes (90 grains) of sodium salicylate daily, the urine regained its alkaline reaction and its ammoniacal odor and the pains increased again. In fact, the pains were so bad that the patient begged

to be put under his former treatment again. I granted his wish, and I again convinced myself of the beneficial effect of daily doses of 1.5 grammes (22 grains). This improvement continued, even when he was only taking 1 and 0.5 gramme (15 and 7½ grains) of Urotropin daily. These doses caused the pus-corpuscles to disappear from the urine. When the remedy was discontinued the ammoniacal smell and the vesical pains returned. Bromalin Merck (Bromæthylhexamethylentetramin), even in doses of 5 grammes (75 grains) per day, had no favorable effect in this case. At the present time this patient takes 1 gramme (15 grains) of Urotropin daily. His urine is acid and he has no pain. The paresis of the detrusor vesicæ continues.

"The above observations show that Urotropin hinders the ammoniacal decomposition of the urine, and that this effect can be obtained by exhibiting small daily doses,—0.5 to 1.5 grammes (7½ to 22 grains)."

HEPATIC DYSPEPSIA.

When associated with constipation and hæmorrhoids, Dr. Thomas W. Moore finds the following combination of service:—

R Fel. bovis purif., . . . 2.0 grs.
Strychninæ arsenit.,
Hydrarg. iodidi rub., . . . 0.01 gr.
Ipecacuanhæ pulv., . . . 0.5 gr.

M. et fiat pil. no. j.

Sig.: To be given half an hour before each meal.—*American Medico-Surgical Bulletin.*

RACHITIS.

The following formulæ are taken from La Tribune Médicale:—

R Codliver-oil, . . . 3ix.
Lime-water,
Syrup of glycyero-phosphate
of calcium, . . . 3iij.
Essence of mint, . . . gtt. x.

M. Sig.: One or two dessertspoonfuls daily.

At meal-time:—

R Syr. iodide of iron,
Syr. lacto-phosphate of cal-
cium, . . . 3viiij.
Alcoholature of orange, . 3i¼.

M. Sig.: A dessertspoonful at a dose.

BROMIDE OF LITHIUM IN BRIGHT'S DISEASE.

A Russian physician, Dr. Polakoff, has found bromide of lithium of great service in Bright's disease, both in acute and chronic

forms. He has employed it in twenty-two cases, and finds that it acts as a certain and powerful diuretic, diminishing the quantity of albumin in the urine and frequently causing the oedema to disappear entirely. The patients were not kept on milk diet, but were allowed to eat ordinary food, and no other drugs were given at the same time, nor any baths. The effect appeared to be more marked in acute than in chronic nephritis. The albuminuria began to decrease after a short period of treatment,—on the thirteenth day, at the latest. The diminution continued up to a certain point, and then the amount of albumin became stationary; but if the salt was stopped for a few days, and then recommenced, it was found possible to obtain a further decrease in the albumin. In one of the cases—that of a woman with puerperal convulsions—the attacks, which had resisted baths, morphia, and even chloroform, disappeared after a single day's treatment with bromide of lithium. As a rule, the drug was well borne, but in two of the patients it produced nausea and vomiting, and had to be stopped for a time. In one case of acute nephritis, too, hæmaturia was produced, which, however, rapidly ceased on the drug being discontinued and some tannin being given. The mixture ordered consisted of 1¼ to 2 parts of bromide of lithium and 4 parts of bicarbonate of soda in 240 parts of distilled water flavored with peppermint. Of this, 3 or 4 tablespoonfuls were ordered *per diem*.—*Lancet*.

SCIATICA.

Domanski prescribes:—

R Phenacetin,
Salol, . . . 3ss-j.
Caffein. pur., . . . gr. iv-vj.

M. et div. in chart. no. x.

Sig.: Two or three powders daily. In severe cases four powders may be given, the effect being carefully watched.—*El Siglo Médico*.

ACID DYSPEPSIA.

In order to excite a flow of alkaline saliva which will neutralize the gastric acid, Bergmann has found mastication of the following tablets to be of decided service:—

R Calcined magnesia,
Ammonio-phosphorated magnesia,
Powdered ginger,
Powdered calumba.

—*Le Progrès Médical*.

OFFENSIVE BREATH.

In *La Médecine Moderne* we find the subjoined formulæ:—

℞ Strong infusion of sage-leaves, ... ʒviij.
Pure glycerin, ... ʒj.
Tincture of myrrh,
Tincture of lavender, aa ʒiij.
Labarraque's solution, . ʒj.

M. Sig.: For a gargle.

℞ Decoction of chamomile-flowers, ... ʒix.
Glycerin, ... ʒiiss.
Chlorine-water, ... ʒss.

M. Sig.: Use as a gargle.

℞ Saccharin,
Sodium bicarbonate, . aa gr. xv.
Salicylic acid, ... ʒj.
Pure alcohol, ... ʒvj.

M. Sig.: Add a few drops to a glass of water and use as a gargle.

ADHESOL, A SURGICAL DRESSING.

M. Dufau has successfully used the following antiseptic dressing—which he calls “adhesol”—in the treatment of superficial wounds:—

℞ Copal-resin, ... 35 parts.
Gum-benzoin, ... 3 “
Balsam Tolu, ... 3 “
Ether, ... 100 “
Oil thyme, ... 2 “
Alpha-naphthol, ... 3 “

When this varnish is applied to the skin, the liquid portion evaporates rapidly, leaving a thin pellicle rendered antiseptic by the alpha-naphthol.—*American Medico-Surgical Bulletin*.

HYDROXYLAMINE HYDROCHLORATE AS A SUBSTITUTE FOR NITROGLYCERIN AND AMYL-NITRITE.

Dr. Lauder Brunton has tested the action of this compound clinically in cases of angina pectoris (1 grain in an ounce of water). He arrives at the following conclusions: 1. The physiological action of nitrites, of nitroglycerin, and of hydroxylamine is alike; they all lower blood-pressure by dilating the peripheral vessels. 2. Hydroxylamine has a similar power of relieving pain in angina pectoris to nitrites and nitroglycerin, and may be employed in disease as a substitute for them. 3. Its action appears to last longer than that of nitroglycerin, and *a fortiori* longer than that of the

nitrites of amyl, propyl, or butyl; and in some cases it may have a local irritant action on the gastro-intestinal tract. To avoid this it should be given diluted.—*American Medico-Surgical Bulletin*.

BRONCHITIS.

In cases of subacute or subchronic bronchitis, Dr. Eshner has prescribed of the following combination a teaspoonful every three hours:—

℞ Ammonium chlorid.,
Sodium iodid., . . . aa ʒiij.
Syrup of Tolu,
Syrup of senega, . . . aa f ʒiiss.

If a spasmodic element be present, sodium iodide, $2\frac{1}{2}$ grains, may be added to each dose.—*Philadelphia Polyclinic*.

ACUTE CORYZA.

℞ Ichthyol, ... 1 part.
Ether,
Alcohol, ... aa 1 part.
Distilled water, ... 97 parts.

M. Sig.: Spray into the nostrils.—*La Médecine Moderne*.

INJECTIONS OF ANTIPYRIN AND COCAINE AGAINST TIC DOULOUREUX.

In two cases of tic douloureux of the face, which is usually very rebellious to the ordinary treatment, Dr. Grandclément has obtained good results from injections of a solution of the following composition:—

℞ Antipyrin, ... ʒj.
Cocaine hydrochlor., . . gr. ss.
Distilled water, ... fʒiiss.

For hypodermatic injections.

The author injects from one to several cubic centimetres (1 cubic centimetre equals 15 minims) of this solution at the seat of pain and other portions of the face. Soon an extensive oedema sets in; but it subsides rather rapidly.

The injections are repeated daily, or several times a day if necessary.—*American Medico-Surgical Bulletin*.

PARÆSTHESIA.

In the itching of jaundice Dr. Boulland, of Limoges, claims that marked relief is obtained by the application, with friction, of

℞ Alcohol,
Sulphuric ether, . . . aa ʒx.
Ichthyol, ... ʒiiss.—M.

—*La Médecine Moderne*.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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Philadelphia, Oct., 1898.

CHANCRIFORM ULCERATIVE TONSILLITIS.

EXTRA-GENITAL chancres are not uncommon and sometimes appear in surprising situations. In some positions their diagnosis presents unusual difficulty, and this is particularly true of chancre of the tonsil. In this locality it may assume the most varied aspect, simulating a phlegmonous angina, diphtheritic angina, a gumma of the tonsil, an epithelioma, etc. To add to the difficulty of establishing an exact diagnosis Dr. Mendel has lately described, upon the basis of six observed cases, a form of tonsillitis not of syphilitic character, but which bears a close resemblance to some of the forms which the initial lesion may present. The interesting paper of Dr. Mendel was communicated to the last meeting of the French Society of Otology and Laryngology, and is published in that excellent journal, *Revue de Laryngologie, d'Otologie, et de Rhinologie*, for September 15, 1895. As the differentiation of these lesions is a matter of great importance, we take pleasure in placing the communication of Dr. Mendel before our readers. The clinical picture of the non-syphilitic affection is thus given: The patient complains of slight pain upon one side of the throat in swallowing. If he be an observant person he had detected, several days before the development of dysphagia, a small ulcer upon one of the tonsils. This lesion, which is surrounded by a congestive zone, is circular in form and more or less excavated. It is covered by a dirty-white deposit consisting of necrotic tissue and which can only imperfectly be detached. The edges of the ulcer are indurated. The corresponding maxillary regions contain several slightly-hypertrophied glands. As a rule there is no fever. The lesion is

indolent and heals in a variable time, which does not generally exceed a week. In one case, however, repair occurred only at the end of three weeks. The treatment consisted in painting with preparations containing iodine and the use of boric acid as a gargle.

In face of such a lesion one would be apt to suspect tuberculosis or syphilis. The general condition of the patient and the integrity of other organs, even the pharynx and larynx, allows us to exclude the former disease. The diagnosis between chancriform ulcerative tonsillitis and syphilis, however, is difficult. The lesion may be suggestive of chancre or gumma of the tonsil. The lesion under consideration agrees with chancre in its contour, its aspect, the induration of its edges, and even, in most cases, in being limited to one side. Nevertheless there are two signs which render differentiation possible. The syphilitic chancre is always accompanied by enlarged glands, and especially by a decided increase in volume. The ganglionic enlargement may exceed the size of a pigeon's egg. In chancriform tonsillitis the glandular swelling is less marked. It needs to be sought for; on palpation there may be found two or three slightly-enlarged glands, which roll under the finger. Another important element of diagnosis concerns the mode of evolution. A chancre may take six months in developing; the chancriform lesion occupies much less time, the average being about a week. If, therefore, the diagnosis is at first doubtful, the passage of time renders it clear. In the case of a gumma we shall have a history or evidences of syphilis. In some instances, where such evidence may fail, the problem will be more difficult of solution. The duration of the lesion and the effect of antisiphilitic treatment, however, suffice to fix the judgment. Hereditary syphilis may cause ulcers of the tonsils, but it is rare that the disease will confine itself to that situation and leave the soft palate, pharynx, and nasal fossæ intact. These lesions, moreover, are generally serious, possess a different character, and pursue an altogether different course.

It remains to study the nature of this special tonsillitis. Dr. Mendel confesses that on this point he has nothing positive to offer. A prob-

able hypothesis suggests itself to him from a consideration of one of his cases, in which the patient presented, at the same time with the chancriform tonsillitis, small, whitish, linear erosions upon the margin of the epiglottis. The epiglottic erosions are very suggestive of herpetic lesions, and the author asks whether the lesions upon the epiglottis and the tonsil are not both of herpetic origin, and whether the peculiar tonsillitis does not represent a particular form of herpes, the vesicular stage of which had passed unperceived. He does not maintain that the unusual form of tonsillitis has never before been observed, but regards it as probable that the lesion has been described under different names. He has made use of the title "chancriform ulcerative tonsillitis" in allusion to the interesting and sufficiently frequent problem of diagnosis.

THE BRITISH MEDICAL ASSOCIATION.

THE sixty-third annual meeting, held this year in London, was a very successful gathering, both as regards the numbers present and the character of the addresses, papers, and discussions. Twenty-two years had passed since the association last met in London, and the president, Sir Russell Reynolds, took occasion to draw a contrast between the position of surgery and medicine at that time and this, as exemplified in the addresses, respectively, of Sir William Fergusson and Dr. Edmund Alexander Parkes. Sir William Fergusson, the president of the former convocation, was the most distinguished British surgeon of that day, and Dr. Parkes was celebrated for his attainments in scientific medicine. The contrast is, indeed, sharp between the two periods. An outline of the changes in physiology, pathology, and practice during the last quarter of a century furnished the speaker with a subject which he treated in a most interesting manner. The speaker deprecated that looseness of nomenclature which attaches the names of physicians to certain disorders or symptoms, and with this opinion we can cordially agree. The custom, if not growing, manifests at least little signs of abatement, and we have, in

addition to the older titles, Friedreich's, Raynaud's, and many others, by which the student is needlessly bewildered, and to no corresponding advantage. Sir Russell Reynolds alluded to one of the most suggestive doctrines of our day,—that, namely, of the internal secretions of glandular structures, a conception which has already thrown much light upon physiological processes and has enlarged the domain of therapeutics. The speaker dwelt at some length upon the beneficial as well as deleterious influence of living products,—an idea which, if not entirely new, has only attained anything like scientific precision within the last two decades. In conclusion, he spoke of our professional life, both in regard to our professional associations and our relation to society at large.

The Address in Medicine was delivered by Sir William Broadbent, who took for his theme the growth of the art and science of medicine. He placed art first in his title because the art necessarily preceded the science of medicine and, again, because, "even when medicine as a science has realized our highest aspiration, the end and aim will be art,—that is, skill in the recognition and treatment of disease." Sir William Broadbent traced the development of medicine from the time of Hippocrates down to our day. Historical retrospects of this kind should always have an interest, and they have, moreover, a special practical value. The wonderful attainments and influence of Galen are fittingly described, after which he passes to the consideration of some of the notable figures of the early modern period, as Sydenham, Boerhaave, Malpighi, Haller, and others. In coming down to the present time he touches upon one of the distinctive features of this era,—the treatment of infection by means of bacterial products, or immunized serum. "Just as alcohol, when it has reached a certain proportion, arrests further multiplication of the torula, so do the products of bacteria bring their action to an end, and advantage is taken of this in the antitoxin treatment of diphtheria, which has recently evoked the admiration and challenged the gratitude of mankind."

To Mr. Jonathan Hutchinson fell the duty

of giving the Address in Surgery. Mr. Hutchinson, however, occupied the place which was to have been filled by one whom death had lately summoned from his field of labors,—the lamented Arthur Durham. Mr. Hutchinson's writings and addresses are always full of learning, thought, and originality. On this occasion he spoke, as was fitting, on Modern Advances in Surgery. He took as landmarks two publications which, in their day, represented the views of distinguished surgeons. The earlier appeared in 1750 and was entitled "A Critical Inquiry into the Present State of Surgery." The later work was published in the early part of this century by M. Roux, of La Charité, who had spent a month in London observing the methods of English surgeons. Mr. Sharp wrote when Pott was in his prime and Hunter a young man. His "Critical Inquiry" was compressed into a small octavo of less than three hundred pages. He seems to have thought that, in many departments of his art, so much unanimity of opinion and practice had been reached that they required no notice in his work. M. Roux remarks the absence of classification of patients in the London hospitals, only one of which even attempted to separate medical from surgical cases; he thought the English surgeons skillful, but slow, and deprecated the establishment of special institutions for treatment of diseases of the eye. As a means of pointing the contrast between past and present the speaker alluded also to the plan devised by Sir (then Mr.) Spencer Wells, but intrusted to him to carry out, whereby it was sought to collect and analyze the statistics of the English hospitals as regards the results of surgical operations. In consequence of these studies Mr. Hutchinson became imbued with convictions adverse to the value of certain procedures. One of these was the operation of lithotomy as then performed. In his own practice he invariably performed lithotomy. "When, however, Bigelow taught us how to complete the operation at one sitting I saw, almost with regret, that lithotomy must henceforth give place." From that time it has been his custom to transfer all his stone cases, in which section is not undoubtedly demanded, to an expert in the

more modern operation. The speaker then proceeded to review briefly his experience in ovariectomy. Here, again, he found that, as an attendant to a general hospital, his success was inferior to that of those who specially devoted themselves to ovariectomy, and, in consistence with his principle, gave up doing the operation both in public and private.

In the latter part of his address Mr. Hutchinson alluded to the vastly improved results which have attended the surgical treatment of cancer, due to a better understanding of its pathogenesis rather than to augmented operative boldness. The doctrine of the local origin of the disease has placed us in this position. The speaker used strong language as to the need of early interference and the splendid results which follow this practice. Whereas, formerly, operation was commonly deferred until a late stage, when the case was hopeless, early intervention is now the rule. In conclusion, Mr. Hutchinson referred to the recent decision of the examining bodies of Great Britain, that the course of medical education should be extended to five years. He declared that, although he had given his vote in favor of the added year, yet he had never been a warm advocate of the measure. It may certainly be argued against an undue prolongation of a collegiate course that success in undergraduate study will never alone make a practitioner.

The Address in Physiology by Prof. Edward A. Schäfer was an exposition of the present state of knowledge concerning the internal secretions.

*AXIOMS SELECTED FROM THE "BOOK ON THE PHYSICIAN HIMSELF."**

BY ITS AUTHOR, D. W. CATHELL, M.D.

3½ ATTENDING BY THE YEAR.

Never enter into an auction bargain to attend a patient or a family by the week, month, or year; it is far better to be paid for what you actually do, than to have some people feel that they are giving you twenty dollars for five dollars' worth of service, while you, on the other hand, are, in many other exacting cases, giving fifty or a hundred dollars' worth of service for twenty dollars, and have no alternative but to fulfill the contract.

* From the Tenth Edition, 343 Pages. The F. A. Davis Company, Philadelphia. \$2.00.

Also, never bargain to attend whole neighborhoods or clubs of poor people at reduced rates, or at half- or quarter-price, because your antiquated or unripe neighbor does; it is bad policy, and never works successfully. Indeed, if you ever attend a confinement or other case in a family for a nominal fee, or lump your bill for ready money, they will always expect to pay what they paid before, and you will not be able to raise your scale of charges to the regular price in that family after your standing and skill improve and your time becomes more valuable; or even with other patients who hear of it.

It is a mistake to think that you can greatly augment the charges you make in the beginning of your practice as you advance in age, skill, and experience, as everybody will appeal to your former charges, and object. After becoming accustomed to small prices, old patients will even think you ought to charge them less instead of more; so that, if ever you feel unwilling to repeat services of any kind for the sum received for a previous case, be careful to give the patient fair notice of your intention to raise your charges.

PERCENTAGE ON PRESCRIPTIONS.

It would be wrong, *very wrong*, to work hand-in-hand with a pharmacist, and receive from him a percentage on your prescriptions for sending them to his store, and for this reason: were you to accept part, it would be robbing either the pharmacist or the patient. Were the former to allow you so much for each prescription, and re-imburse himself by adding the extra amount to the sum charged the patient for the remedy, it could not be looked upon in any other light than that you had combined to *fleece* an extra amount from every unfortunate who trusted to your honor, just as one would look upon a lawyer who took fees from both sides. On the other hand, if the pharmacist possessed more honesty than you and allowed you to reduce his legitimate profit, because compelled to do so or lose your influence, it would place you in a most contemptible position, and you would live in constant danger of exposure and a public condemnation that the strength of Hercules could not, and the God of Justice would not, silence. Honesty is the true keystone, without which the whole arch of honor falls.

BEAR AND FORBEAR.

Do not get insulted at the foibles and infirmities and the hasty and angry words of your patients. Do not forget that the sick, unless their sensibilities are blunted by disease, are the most sensitive and the most selfish of mankind; and bear with the rude and discourteous treatment you will occasionally receive from the hysterical and the peevish, whose patience is down to zero

and petulance up to a hundred; and from the frenzied, the eccentric, the unreasonable, the impulsive, the irritable, the weak, the excitable, and the low-spirited; and do not take anything a sick or silly person says in a paroxysm of anger, or during a period of despondency, or in great pain (or for want of sense) as a personal insult, unless you believe it is deliberately and willfully intended as such; in that case, do whatever self-respect seems to dictate.

MEDICAL NEWS AND MISCELLANY.

DR. PHILIP R. CLEAVER has removed to 212 South Fifteenth Street, Philadelphia.

DR. J. W. MACDONALD, of Minneapolis, Minn., was a recent visitor to Philadelphia.

HOPPE-SEYLER.—Professor Hoppe-Seyler, the illustrious German physiological chemist recently departed this life.

THE American Dermatological Association held its nineteenth annual meeting at Montreal, Canada, September 17th, 18th, and 19th.

DR. H. G. GAYLORD has been appointed Demonstrator of Bacteriology in the Central College of Physicians and Surgeons of Indianapolis.

DEATH OF PROFESSOR BARDELEBEN.—This eminent German surgeon, Professor of Surgery in the University of Berlin, recently died in that city.

PAN-AMERICAN MEDICAL CONGRESS.—The second meeting of this association will be held in the city of Mexico during Christmas week in 1897.

PROF. W. EASTERLY ASHTON and PROF. J. M. ANDERS have returned home after a visit during the summer months to the hospitals of London, Paris, Berlin, and Vienna.

OBITUARY.—Dr. Kurt Schimmelbusch, who has been for some years assistant to Professor von Bergmann in the Surgical Clinic of the University of Berlin, at the age of 35, recently passed away.

COOK'S COUNTY HOSPITAL.—Drs. Richard Dewey, Sanger Brown, and Archibald Church have been appointed as a supervisory board to have control over the medical affairs of the hospital.

THE NEW ENGLAND CLIMATE.—From the Boston Globe: "Change of climate is what you need," said the high-priced physician, after he had listened to all the details of the patient's case. "Change of climate!" exclaimed the patient in surprise; "Why, man alive, I've never had anything else. I've lived right here in New England all my life."

AMERICAN ORTHOPÆDIC ASSOCIATION.—The ninth annual meeting of this association was held at Chicago September 17th, 18th, and 19th. Among the numerous papers presented we may allude to the following: "Observations on the So-called Congenital Dislocation at the Hip-Joint," by Mr. William Adams, of London, Eng.; "On the Surgical Treatment of Congenital Dislocations of the Head of the Thigh-Bone," by Mr. Bernard Brodhurst, of London, Eng.; "Removal of Astragalus for Talipes Valgus," by Dr. James E. Moore, of Minneapolis; "Spasmodic Wryneck," by Mr. Noble Smith, of London, Eng., and a paper upon the same subject by Dr. T. H. Myers, of New York; "The Deformities Produced by Acute Inflammatory Lesions in Bone," by Dr. Roswell Park, of Buffalo; "A Study of the Interior Forms and Burrowings of Lumbar Abscesses," by Dr. Edmund Andrews, of Chicago; "Improved Osteoclast," by Dr. Nicholas Grattan, of Cork, Ireland, etc. The social features of the meeting were all that could be desired.

A CASE OF BROMOFORM EXANTHEM.—Julius Müller speaks of the ease of diagnosis in typical cases of drug eruptions, such as those due to quinine, antipyrin, iodine, and the bromides, reporting here an interesting eruption due to the administration of bromoform in a child.

Three weeks before the patient was first seen an eruption appeared, beginning as papules on the face and on the left leg. New lesions appeared constantly, many becoming confluent and growing rapidly, some becoming greatly elevated from the surface of the skin. No syphilitic family history was obtained.

The child, when first seen, September 30, exhibited an enormous lesion on the right wrist-joint, encircling it one-half way as a bracelet. This lesion was 5.5 centimetres long, 3 broad, and 6 to 7 centimetres high, resembling a new growth in appearance. Its edges showed it to be made up of three distinct lesions. It was not sensitive to touch, soft and succulent on palpation, and of a bluish-gray hue. The upper surface was composed of small pustules. In the middle of the mass there was a depression, suggesting a retrocession of the process. At the periphery the growth was extending, giving, therefore, acne at the periphery, and, toward the centre, pustules and papillary lesions. On the posterior surface of the thigh and leg several more plague-like lesions were present, larger upon the lower than upon the upper part of the thigh. These were not so high, but were of the same general appearance, consistency, color, and had the depressed centre as noted above. At the middle of the forehead was a typical acne-pustule. On the left cheek there was a grayish-yellow wart-like lesion 2.5 centimetres in diam-

eter. Scalp, breast, abdomen, and back were free. On the posterior aspect of the left shoulder a papilloma, the size of a penny, was observed. The thighs were covered with many discrete acne-pustules. There were a few larger ulcerating spots arranged in rosettes, with a pustular base and surrounded by a zone of redness.

The author states that the acne-pustule on the forehead and similar ones on the thigh aroused his suspicions as to a drug eruption, that of iodism occurring to him at first. A careful history then elicited the fact that in twenty-five days, beginning the latter part of August, 23 grains of bromoform had been administered for pertussis. The fifth day after the first dose was given a few pustules appeared. On October 2d, when child was seen the second time, the lesion on the arm had increased in height and the two large lesions on the thigh in circumference. The lesions on the left cheek showed improvement, while on the head and cheek there were several fresh pustules. On the left cheek, in the centre of the large lesion, normal skin was present. In the gluteal regions the acne-pustules had spread and had become rapidly papillomatous, reaching a height of about 3 centimetres, and forming rosettes in outline. The tuberous excrescences simulated keloids, and upon section blood exuded. The upper surface was raspberry-like, reddish-brown in color, and shining, and between the excrescences small yellow points were noted. The large plaques in the wrist-lesion, although continuing to spread at the periphery, were diminishing in height and clearing in the centre.

A solution of salicylic acid, lactic acid, and traumaticin was applied, and, internally, Fowler's solution was given. Improvement was noted at once, keloidal changes taking place quickly, and the lesions more and more resembled condylomata. An occasional fresh pustule was noted. Acute gastro-intestinal disturbance necessitated the discontinuance of the arsenic eleven days after it was begun. In two months from the time that the child was first seen she was well. All the warts had disappeared, leaving a simple pigmentation varying from a bright-red to a dark-brown color.

The lesions present had included papules, pustules, superficial ulcers, *ulcus elevatus*, and papillomatous tumors. Dr. Müller differentiates from syphilis, which the case so closely resembled. The polymorphous character of the eruption, the lack of pruritus, the presence of condylomata, the central clearing, and the appearance of fresh pustules many days after the bromoform had been discontinued speak in favor of syphilis. On the other hand, the non-symmetrical arrangement of the lesions, the absence of mucous patches, the extremely rapid

development of the excrescences, the appearance of the acne-pustules, militate against such a diagnosis. The author also differentiates the case from pemphigus vegetans. The question to be considered in the prognosis is the duration of the lesions and the cosmetic results. In the treatment any method which will invade the subcutaneous tissues is to be avoided.—*American Medico-Surgical Bulletin*.

RESULTS FROM ALEXANDER'S OPERATION.—Kummer publishes statistics of 14 cases in which he operated, recording no results where the after-history is less than a year long; 4 of the operations were for prolapse and 10 for retroflexion. In all the 4 cases of prolapse plastic operations on the vagina were also undertaken; so that whether the result was due to the shortening of the round ligaments or to colporrhaphy could not be decided. In 1 case the prolapse, notwithstanding the combined operations, recurred; in 3, observed respectively three years, one year and a half, and one year, cure was complete. Of the 10 retroflexion cases, in 5 complete cure followed Alexander's operation; 3 seemed cured, but are excluded as the after-history was under a year, whilst in 2 the displacement recurred. In both these failures there were adhesions affecting the mobility of the uterus, but it seemed so easy to draw the organ forward that Alexander's operation was preferred to hysteropexy. The latter is always safest when any adhesions exist. In the 5 completely cured cases, as well as in the 3 recently performed, all the uncomfortable symptoms, so prominent in many cases of retroflexion, disappeared; the uterus remained in its normal condition of ante flexion. One patient had been married for three years, but had never conceived. After the operation she became pregnant, and was delivered at term. The uterus remained ante flexed after involution. Kummer modifies some of the details of Alexander's operation according to circumstances.—*Medical and Surgical Reporter*.

PARALYSIS FOLLOWING TONSILLITIS.—In support of the statement that paralysis similar to that following diphtheria may arise subsequently to other forms of sore throat the following cases are recorded by Bourges. A child, aged 7, was attacked with sore-throat, pyrexia, etc. There was no membrane, and the illness subsided in twenty-four hours. About a fortnight later he was again attacked, and this time distinct false membrane appeared on the fauces, but not for three days was there any lividity of the neighboring parts. The glands in the neck were swollen. There was no albuminuria. A few days later the mother, who had constantly nursed the child, was also attacked with sore-throat, and membrane formed on the right

tonsil. The membrane in each case was examined, cultures made, and mice inoculated. None of these showed the Löffler bacilli. Various streptococci and staphylococci were found, and some small bacilli staining by Gram's method. About six weeks from the last attack of sore-throat the child developed convergent strabismus, paralysis of the soft palate, loss of power in the limbs, and general weakness.—*Medical and Surgical Reporter*.

THE PERIOD OF CONTAGIOUSNESS IN MUMPS.—Dr. Audegé writes that, although the nature of the contagion in mumps has not been definitely fixed, no one now doubts its transmissibility. Authorities also agree pretty nearly upon the duration of the incubation period, which is on the average about three weeks. This the author had an opportunity of observing among the native encampments at the Paris exposition of 1889; and of the sixty-five cases all appeared from twenty to twenty-two days after the appearance of the first case. As to the period of their evolution during which they are contagious, there is wide divergence of opinion, some considering them contagious throughout their course, others at the end, and still others during the forty-eight hours during which the disease attains its maximum. Rendu has already contributed two cases in which contagion took place at the end of the incubation stage, and before the appearance of the swelling in the parotid glands. The author cites another case in point: A child of 10 years having developed fever and malaise which could not be explained, two other children in the family were at once sent away to another house. Two days later characteristic parotitis was developed, and it was learned that there was an epidemic in the school attended by the patient. Despite the removal of the two younger children, they both came down with the disease eighteen and twenty-one days later. When one considers that measles is no longer considered to be contagious during the period of desquamation, and even from the end of the eruptive period, Audegé questions whether the same may not be true of mumps, and states that he has known of frequent instances where convalescent children have mingled with other children before the expiration of the legal three weeks before their return to school, without producing any extension of the disease.—*American Medico-Surgical Bulletin*.

THE following officers were elected at the recent meeting of the Society of American Obstetricians and Gynecologists: Dr. Joseph Price, of Philadelphia, President; A. H. Cordier, of Kansas City, Vice-President, and W. W. Potter, of Buffalo, Secretary. Richmond, Va., was chosen as the next place of meeting, on Tuesday, September 2, 1896.

DEATH OF SIR JOHN TOMES.—In the death of Sir John Tomes British dentistry has lost its chief ornament. A graduate in medicine, Sir John early devoted himself to a scientific study of the teeth, and to his labors dental surgery in Great Britain mainly owes its present position.

HONORARY DEGREE.—At a recent meeting of the trustees of the Jefferson Medical College, Philadelphia, the honorary degree of LL.D. was conferred on Dr. John Collins Warren, Professor of Surgery in Harvard University.

AMERICAN PHARMACEUTICAL ASSOCIATION.—The officers of the coming year are: President, James M. Good, St. Louis, Mo.; First Vice-President, Charles E. Dohme, Baltimore, Md.; Second Vice-President, A. Brandenberger, Jefferson City, Mo.; Third Vice-President, Mrs. M. O. Miner, Hiawatha, Kansas; Treasurer, S. A. D. Sheppard, Boston; Permanent Secretary, Charles Caspari, Jr., Baltimore; Reporter on Progress of Pharmacy, C. Lewis Diehl, Louisville; Members of the Council, W. J. M. Gordon, Cincinnati; Charles M. Ford, Denver; George L. Heckler, Cleveland; J. Burgheim, San Antonio, Tex.

ANNOUNCEMENT.—"Surgical Diagnosis and Treatment" is the title of a new work by Dr. J. W. Macdonald, Professor of the Practice of Surgery in the Minneapolis College of Physicians and Surgeons, to be published by W. B. Saunders. The work will consist of one volume of 750 pages, and is intended to fully cover the diagnosis of surgical diseases and injuries. While this will be the leading feature, the matter of treatment will be given in a concise form.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The twenty-third annual meeting of this association was held in Denver, Col., on October 1st, 2d, 3d, and 4th. The topics appointed for discussion were: 1. The Pollution of Water-Supplies. 2. The Disposal of Garbage and Refuse. 3. Animal Diseases and Animal Food. 4. The Nomenclature of Diseases and Forms of Statistics. 5. Protective Inoculations in Infectious Diseases. 6. National Health Legislation. 7. The Cause and Prevention of Diphtheria. 8. Causes and Prevention of Infant Mortality. 9. The Restriction and Prevention of Tuberculosis. 10. Car Sanitation. 11. The Prevention of the Spread of Yellow Fever. 12. Steam-ship and Steam-boat Sanitation. 13. Transportation of the Dead. 14. The Disposal of the Dead. 15. The Abuse of Alcoholic Drinks from a Sanitary Stand-point.

UTERINE FLATUS.—An interesting instance of "phantom tumor" of the uterus, due to tympanitis of that organ, has been reported by Dr. Lichtenstein, of Liegnitz. On account of a chronic metritis, a patient was successfully treated by tamponment with iodoform gauze. A consid-

erable time afterward she suffered from violent pains in the abdomen. On examination the abdomen was found much distended and the uterus three finger-breadths above the umbilicus. On examining with the sound it passed into a large, empty cavity, and air escaped out of the uterus with a distinct pop. The patient was frequently troubled in this way, the uterine tympany always coming on when the stomach or bowels were disordered. A few days after the attack described there was still pain at the side of the uterus. Massage and rheubarb and charcoal still further improved the condition.—*Journal of the American Medical Association.*

DR. HARRY FISHER, a graduate of the Medico-Chirurgical College, class of 1883, and connected with the school as a teacher ever since his degree was conferred upon him, has been elected Assistant Professor of *Materia Medica and Pharmacy* in his alma mater.

MEDICO-LEGAL CONGRESS.—A summer-vacation meeting was held this year in New York, on September 4th, 5th, and 6th. An address was delivered by Dr. Forbes Winslow, of London, and papers were presented by Prof. C. H. Hughes, M.D., of St. Louis, Mo.; Dr. G. E. Shuttleworth, of Richmond, Eng.; Clark Bell, Esq., of New York; Dr. Norman Kerr, of London; Prof. Elliott Coues, of Washington; Dr. P. C. Remondino, of San Diego, Cal.; Prof. W. X. Sudduth, of Chicago; Dr. W. B. Outten, of St. Louis; Dr. Irving C. Rosse, of Washington; Prof. Charles A. Doremus, of New York; Dr. Paul Gibier, of New York; and others.

ERYTHROPSIA (RED SIGHT) OF TEN MINUTES DURATION.—Dr. Hilbert, of Gensberg, reports the case of a woman 63 years of age, quite neurasthenic, who became exceedingly alarmed by the announcement of some unpleasant news. She suddenly saw everything red and objects continued to have uniformly the color of blood for at least ten minutes. The symptom then gradually disappeared. A few other cases of erythropsia, or red sight, have been reported by Borel and others. The symptom is a very curious one, and when complete is due, it is believed by Hilbert, to a central disturbance.

CONGRESS OF MEDICINE.—At the late meeting of the Congress of Medicine (French) the following officers were elected: President, M. Pitres, of Bordeaux; Vice-Presidents, MM. Bernheim and Spillmann, of Nancy; Secretary-General, M. Simon, of Nancy; Treasurer, M. Stoeber, of Nancy. The next meeting will be held in Nancy, in 1896. The questions proposed are: 1. Prognosis of albuminuria. 2. Intra-vascular coagulation of blood. 3. Application of blood-serum to the treatment of disease.

MEDICAL DIRECTOR GIHON, OF THE NAVY.—On the retirement of Dr. Gihon the Boston Herald refers as follows to his remarkable professional attainments:—

Dr. Gihon has represented the medical department of the navy in the American Medical Association as delegate and permanent member since 1876, and has held various committee chairmanships. He has been a member of the American Public Health Association since 1876, being elected its second vice-president in 1881, first vice-president in 1882, and president in 1883. He has been a fellow of the American Academy of Medicine since 1883, being president in 1884. He was president of the Section in Climatology and Demography of the Ninth International Medical Congress, convened at Washington, September 5, 1887. He is a member of many medical societies, and a foreign associate member of the French Society of Hygiene. He is the author of "A Look at Lisbon;" "A Night in a Typhoon;" "Practical Suggestions in Naval Hygiene;" "A Summer Cruise Among the Atlantic Islands;" "Sanitary Réform in Ship Life;" "Sanitary Commonplaces Applied to the Many;" "Statistics of Adolescent Growth;" "Transportation of Sick and Wounded;" "Health, the True Nobility;" "Medical Education, the Fundamental Fact in Medical Ethics;" "The Higher Plane in Medicine;" "Vital Statistics as Sanitary Monitors;" "Thirty Years of Sanitary Progress in the Navy;" "The Sanitary Responsibilities of the Citizen;" "The Trade Aspect of Medicine;" "The Dignity and Importance of the Individual;" "Sanitary Ignorance Among High and Low;" "What is Medicine?" "Economic Sanitation;" "The Domain of Climatology and Demography;" "The Therapy of Ocean Climate;" "The Place of Naval and Military Medicine in the Profession," and other important works. Medical Director Gihon leaves the navy under the age-retiring law, and his withdrawal will be generally regretted.

HOSPITAL FOR COLORED PEOPLE.—The Frederick Douglass Memorial Hospital and Training-School has lately been established in this city. The medical staff is as follows: Chief of Staff, Dr. N. F. Mossell; Head Nurse and Matron, Miss Minnie M. Clemens; Consulting Physicians, Dr. James Tyson and Dr. Roland G. Curtin; Consulting Surgeons, Dr. John B. Deaver and Dr. Thomas G. Morton; Consulting Gynecologists, Dr. B. F. Baer and Dr. Hannah T. Croasdale; Attending Surgeons, Dr. Henry R. Wharton and Dr. N. F. Mossell; Attending Physicians, Dr. E. Clarence Howard and Dr. William H. Warrick; Attending Gynecologists, Dr. Caroline V. Anderson and Dr. George R. Hilton; Children's Department, Dr. J. T. Potter and Dr. D. W. Ogden; Dental Surgeon, Dr.

William A. Jackson; Pharmacist, Henry M. Minton, Ph.G.; Ophthalmologists, Dr. H. F. Hensell and Dr. A. A. Stevens; Resident Physician, Dr. D. W. Postles.

Twelve of the members of the medical staff above are colored people, and with the exception of Dr. Caroline V. Anderson and Dr. E. Clarence Howard, Dr. William A. Jackson, Pharmacist Minton, and Dr. D. W. Postles, are all graduates of the University of Pennsylvania. Dr. Caroline V. Anderson is a graduate of the Woman's Medical College of this city; Dr. William A. Jackson, of the Philadelphia Dental College; Henry M. Minton, the pharmacist, was the honor man of his class at Howard and graduated at the Philadelphia College of Pharmacy; Dr. D. W. Postles, the resident physician, is a graduate of both Lincoln University and Howard University, and was one of the first colored men to successfully pass the State Board of Medical Examiners. Dr. E. Clarence Howard is one of the oldest colored practitioners in the city, and is a graduate of Howard.

CLEVELAND—ATWATER.—Dr. Arthur Horton Cleveland, of Philadelphia, was married on August 25th to Miss Ethelwyn Morrill, of Syracuse, N. Y.

DR. RUDOLPH MEYER.—The editor of this journal has been the recipient of an interesting letter from a well-known Philadelphian. An extract will prove of interest to our readers. He says:—

"Zurich is one of the busiest manufacturing towns in Switzerland, and long ago has grown famous as an intellectual centre. Its schools have given the world men of great renown and distinction. It was the home of 'Zwingli,' and has given us men of great brain-force, such as Hottinger, Lavater, Pestalozzi, Henry Meyer, and others. The latter name (Meyer) is the object of this letter.

"No doubt the name is well known to the profession of America. At No. 10 Lintheschergasse stands a modest dwelling; inside the vestibule upon the left wall the visitor is sure to read, in plain letters, 'Dr. Rud. Meyer, Doc. a. d. med. Fac. Krankheiten der Nase, des Halse, und der Brustorgane.'

"At no time can his office be entered without finding suffering humanity patiently awaiting an audience. Dr. Rudolph Meyer is a short, stout man, with round face, full beard, and high forehead, slightly bald, and eyes that blaze with intellect. My own experience in being treated for catarrh convinced me, beyond argument, that this man is a *gladiator* in his branch. My time being limited, I was obliged to make my arrangement for a ten-day stay, during which time I put myself in his care. Since then (now one month) I have lived another life. His treat-

ment is simple and most effective, and whatever application there is required he does himself, making sure of his mark."

ELECTRO-THERAPEUTIC ASSOCIATION.—The fifth annual meeting took place at Toronto, Can., on September 3, 4, and 5. The meeting was full of interest. The president's address was by Dr. A. Lapthorn Smith, of Montreal, the subject being "Electro-Therapeutics in General Practice." Among papers presented may be instanced: "On Induction Coils and Alternators," by Dr. A. H. Goelet, of New York; "Static Machines and Condensers," by Dr. W. J. Morton, of New York; "Electric-Light Apparatus for Diagnosis and Therapy," by Dr. J. H. Kellogg, of Battle Creek, Mich.; "The General Therapeutic Effect of the Alternative Current of High Frequency and of High Tension," by Dr. G. Apostoli, of Paris; "Zinc-Amalgam Cataphoresis," by Dr. G. Betton Massey, of Philadelphia; "Gautier's Method of Electrolysis in Urethral Stricture," by Dr. Robert Newman, of New York, etc., etc.

URTICARIAL ASTHMA THE RESULT OF MUSSEL POISONING.—Gilbert Martyn, M.B., describes the case of a woman, aged 43, who said she had eaten about a dozen mussels for her supper; began to feel a choking sensation and great difficulty in breathing about an hour after eating. A "nettle-rash" appeared on her body at the same time, which caused great itching. She soon threatened to become asphyxiated and was given warm water. After expectoration of a little tenacious mucus her breathing became slightly better. She was then taken to the Middlesex Hospital, and on her arrival was still cyanosed, the extremities cold, the breathing labored and typically asthmatic. The urticarial rash was present over nearly the whole body. After the stomach and bowels were emptied and stimulants were given, the patient was much relieved and was able to go home in about three hours. She had never had asthma before.

The author reports this case as one which indicates clearly the relationship of urticarial eruption of the skin to that of the mucous membrane, which was so strongly advocated by Sir Andrew Clark as the main cause of asthma. He does not find instances on record of the concurrence of urticaria of the skin and of the mucous membrane as the result of a common cause.—*International Medical Magazine*.

SUPERNUMERARY BLADDER.—M. Pean presented to the Académie de Médecine a young girl, aged 15, who had not yet menstruated and was affected from her birth with incontinence of urine. On examining her he found, on the interior wall of the vagina, beyond the hymen,

which was intact, a tumor the size of a walnut; in pressing on it with the finger he perceived that the urine oozed out, not through the orifice of the urethra, but through another orifice situated a quarter of an inch below it. In order to know if this tumor communicated with the bladder, and to determine the precise point of the communication, M. Pean closed the inferior orifice by simple pressure, and, with another finger, compressed gently on the tumor. Under this experiment the contents flowed back into the bladder through a posterior and deep orifice. At that moment the patient felt a desire to micturate. The nature of the case was then plain,—the patient had a double urethra and bladder. The speaker suggested the opening and the excision of the abnormal urethra and bladder, and, the parents consenting, the operation was performed. Immediately afterward the incontinence ceased. M. Pean added, in conclusion, that this example of a double urethra and bladder was unique in medical science.—*Fort Wayne Medical Magazine*.

BIRTH OF A CHILD WITHOUT RUPTURE OF MEMBRANES.—Forman observed this rare occurrence in the case of a woman, aged 22, seven months advanced in her second pregnancy. She was suffering from pleuro-pneumonia, the temperature having risen to 103.60° F. A few minutes after cupping-glasses had been applied to the bases of the lungs the patient felt a desire to defecate; this was followed by a single pain which expelled the entire ovum with a little blood. Forman arrived a few minutes later. He found between the patient's thighs a big cyst with transparent walls. The mother was free from all the evils which may follow precipitate delivery; the uterus contracted well. The wall of the cyst was then cut; about a pint of amniotic fluid escaped. A female child was seen; there was no pulsation of the cord, but after active measures the infant breathed well and took the breast. It weighed three pounds and six ounces, and measured over fourteen inches; the placenta weighed a little under a pound. The cord was very gelatinous and measured eighteen and one-half inches in length. Judging from the position in which the ovum lay—outside the vulva—it seemed that the breech had presented, and that the placenta had been inserted very low down without being prævia. The child lived only sixteen hours, and the mother had a bad attack of empyema. Forman quotes a considerable number of cases of membranes unruptured at birth.—*British Medical Journal*.

ERRORS IN URINE-TESTING DUE TO SULPHONAL TREATMENT.—In *Comptes Rendus*, Lafon gives warning against mistakes which may occur in testing for sugar with Fehling's solution the urine of persons under treatment with sulph-

onal. It has been shown by numerous experiments that after taking sulphonal the urine, after long boiling, reduces Fehling's solution, even when the former is free from sugar. The same reaction is caused by sugar-free urine to which small amounts of sulphonal are added. The polarization apparatus should therefore always be used in testing for sugar the urine of patients taking sulphonal.

AN UNPUBLISHED PHYSICAL SIGN.—Walter Broadbent, M.B., reports in the *Lancet* the notes of four cases now under care in the wards, in each of which there is visible retraction, synchronous with the cardiac systole, of the left back in the region of the eleventh and twelfth ribs, and in three of which there is also systolic retraction of less degree in the same region of the right back. In all the cases there is a definite history of pericarditis, and in three of them there are other conditions strongly suggesting an adherent pericardium. The only means of causing this retraction on both sides seems to be the diaphragm, which, if pulled upon, would have more effect on the floating eleventh and twelfth ribs than on the other more fixed ones. In cases of large heart with adherent pericardium there is a considerable area of the ventricles closely adherent to the central tendon of the diaphragm, and the powerful contraction of the hypertrophied heart must give a decided tug to this structure. That it should affect the ribs more often on the left side would be expected from the adhesion being mainly to the left of the middle line; the liver also, which is often large in these cases, may restrain the movement on the right. Of these cases the first is one of aortic disease of rheumatic origin, and the others of mitral regurgitation, with a variable amount of stenosis. In cases one, two, and four there is evidence of adhesion of the pericardium to the chest-wall as well, but in case three the heart moves freely under the ribs and the lung expands well over it; so that the sign is much more important, as being the only clear evidence that the pericardium is adherent. This sign has long been pointed out by Sir William Broadbent in the wards of St. Mary's Hospital, but, so far as he has heard, has not had sufficient importance attached to it elsewhere. Adherent pericardium has frequently such a serious influence on the course of valvular disease that any aid toward the diagnosis seems worthy of attention.

DEATH OF BARON LARREY.—Baron Felix Hippolyte Larrey is dead. He was one of the most noted surgeons of France, and held a prominent position under the Second Empire.

His father was Jean Dominique Larrey, Surgeon-in-Chief to Bonaparte's Grand Army in 1812. Baron Felix Hippolyte Larrey was born in Paris, September 18, 1808, and received

his degree as doctor of medicine in 1832. In 1841 he was appointed Professor of Surgical Pathology at Val-de-Grâce. Under the Second Empire he was appointed to several important posts. He was Surgeon to the Emperor, and in 1859 was made Surgeon-in-Chief to the Army in the Italian Campaign.

TAKA-DIASTASE.—In an article with this title, published in the *Therapeutic Gazette*, Ferdinand Lascar, Ph.G., says:—

"From time to time diastase has been offered to the profession, but none has so far proved of a sufficient potency to recommend itself to general use. Great progress in this direction is the discovery of Mr. Takamine, a chemist of no mean ability, who acted as one of the commissioners of Japan at the Cotton Exhibition in New Orleans several years ago. At that time he showed me an extract of malt as manufactured in Japan, very rich in diastase and nutritive properties, and which I have mentioned in a paper on the diastatic and nutritive properties of malt-extracts, published in the December number, 1891, of the *Epitome of Medicine*. In that paper I warned against too great heat in the manufacture of malt-extracts, as heat impairs, and is even liable to totally destroy, the diastatic action. The avoiding of all undue heat in preparing diastase may be one of the reasons why the diastase which is now manufactured by Parke, Davis & Co., under Mr. Takamine's discoveries, is so perfect in its action in converting starch into maltose and dextrose. His product is a dry powder similar in appearance to some I received from a reputable German firm years ago, but is vastly superior in potency. Since the receipt of this German preparation I have frequently had occasion to experiment with various diastases, some being named vegetable ptyalin, but in no instance have they come up to the desired standard, and failed to fill the void felt for an enzyme which will accomplish what the enzyme of saliva in a healthy individual does accomplish.

"In comparing notes of experiments lately conducted with taka-diastase, other available diastases, and different extracts of malt, I find that the claim of the taka-diastase that it will convert a hundred times its own weight of starch into a soluble state is well authenticated, for I have succeeded in converting even 50 per cent. more of starch than is claimed for it. Another point in favor of taka-diastase above other similar products is the quickness of its action upon starch, for the action is almost instantaneous. To convert one hundred parts of starch into a soluble state by the action of one part of taka-diastase, under proper conditions, it takes only four minutes until neither iodine test nor the microscope can detect unconverted starch. The

product of converted starch with Mr. Takamine's taka-diastase is to a great extent maltose. Compared with the time required by the best extract of malt to convert starch, this is certainly an excellent showing, for it took the best malt extract between seven and eight minutes to convert its own weight of starch into a soluble state, while with some other extracts of malt it took fifteen, twenty, and thirty minutes to partially accomplish this end. Tests with Fehling's solution to ascertain in the converted starch products the amount of contained sugar therein were equally favorable to taka-diastase."

CHLOROSIS NOT NECESSARILY A DISEASE OF THE YOUNG.—Rieder's opinion has been well known among German physicians, but little regard has been given to the other side of the question by the English and American physicians. He produces new facts, and reports three cases occurring in later life, with the object of showing that chlorosis is not exclusively a disease of earlier life. He regards as pure chlorosis that form of anæmia (1) which arises without obvious cause; (2) in which, apart from some dilatation of the heart, etc., there is no evidence of visceral disease; (3) in which the hæmoglobin of the blood is diminished and the number of red cells somewhat lessened. Cases 1 and 2, occurring in women aged 36 and 40, respectively, presented all the typical signs and symptoms of chlorosis, and ended in complete recovery. In the third case, of a woman aged 42, both the red and white cells showed changes. There was even marked poikilocytosis. Eosinophile cells, as well as mononucleated, polynucleated, and neutrophile white cells, were present. Very considerable improvement took place, but the patient was still under treatment. In none of the cases was there any evidence of organic disease. In Cases 1 and 3 certainly, and in Case 2 probably, there had been no previous attack of chlorosis. The author draws attention to the value of treatment from a diagnostic point of view. Bland's pills and the albuminate of iron (Drees) were employed in all cases.—*Medical and Surgical Reporter.*

FOREIGN UNIVERSITY INTELLIGENCE.—Bâle: Dr. R. Metzner, of Freiberg, has been appointed to the Chair of Physiology in succession to Dr. Miescher, resigned. Dr. Fritz Egger has been recognized as *privat-docent* in medicine. Barcelona: Dr. Gil Saltor Laval, Professor of Histology, Normal and Pathological, has been appointed to the Chair of Surgical Pathology. Breslau: Dr. A. Buchwald, *privat-docent* in medicine, has been granted the honorary rank of Professor. Dr. Jacobi has been appointed Professor of Forensic Medicine, Bonn: Dr. Finkler has been promoted to the Ordinary Professorship of Hygiene. Catania: Dr. M.

Guzzardi has been recognized as *privat-docent* in Surgical Pathology. Erlangen: Dr. Zelenka, Professor of Zoölogy, has resigned his chair for the purpose of undertaking a long scientific expedition in remote regions. Geneva: Dr. H. Audeoud has been recognized as *privat-docent* in Pediatrics, Dr. Bétrix as *privat-docent* in Gynæcology, and Dr. E. Goetz as *privat-docent* in Surgery. Genoa: Dr. Canalis has been promoted to the Ordinary Professorship of Hygiene. Giessen: Professor Strahl, of Marburg, has been appointed as successor to Professor Bonnet in the Chair of Anatomy, he having gone to Greifswald in place of Professor Sommer, whose health has, unfortunately, obliged him to retire. Gratz: Dr. Karl Nicoladoni, of Innsbrück, has been appointed Principal Surgeon in the Surgical Clinic. Granada: Dr. Rafael Mollá y Rodriguez, of Havana, has been appointed Professor of Clinical Surgery. Greifswald: Dr. Enderlen has been recognized as *privat-docent* in Surgery. Halle: Dr. D. Ackermann, Professor of Pathological Anatomy, is about to retire, his chair being taken by Dr. Eberth, Professor of Normal Anatomy, and formerly Professor of Pathological Anatomy in Zurich. To the Chair of Normal Anatomy Professor Roux, of Innsbrück, has been appointed. Königsberg: Dr. Franz Meschede has been promoted to an Extraordinary Professorship of Psychiatrics. Dr. Gerber has been recognized as *privat-docent* in Throat and Ear Diseases. Leipzig: Dr. Eigenbrodt, of Bonn, has been recognized as *privat-docent* in Surgery. Munich: Dr. Hahn has been recognized as *privat-docent* in Hygiene. Naples: Dr. Gennaro de Luca has been recognized as *privat-docent* in Medical Pathology and Dr. C. Cenca as *privat-docent* in Materia Medica and Pharmacology. Pisa: Dr. Terzi has been recognized as *privat-docent* in Hygiene. Prague (German University): Dr. Ewald Hering has been recognized as *privat-docent* in Experimental Pathology; (Bohemian University): Dr. O. Frankenberger has been appointed *docent* in Laryngology and Rhinology; Dr. J. V. Rohon has been appointed Extraordinary Professor of Histology. St. Petersburg (Military Medical Academy): Drs. Petersen, Mochukovski, and Hitikin have been made Honorary Professors. Tomsk: Dr. F. Krüger, of Iurief (Dorpat), has been appointed Extraordinary Professor of Medical Chemistry. Tübingen: The names mentioned for the Chair of Ophthalmology, vacant by the death of Dr. Nagel, are Drs. Berlin, of Rostock; Uhtoff, of Marburg; and Schleich, of Stuttgart. Dr. Froriep has been appointed Professor of Anatomy, in succession to Dr. von Henke, who has resigned. Dr. Kallius, of Göttingen, has been appointed Extraordinary Professor of Anatomy, in place of Dr. Froriep, who

has been promoted to the Ordinary Professorship.
—*Lancet*.

ANTITOXIN.—In regard to the immunizing effects during epidemics of diphtheria in institutions some very interesting papers have been read before the American Pædiatric Society, at its seventh annual meeting at the Virginia Hot Springs, May 27, 1895, by Dr. L. Emmett Holt and Dr. A. Seibert, of New York, and Dr. F. Gordon Morrill, of Boston. These well-known specialists of children's diseases showed in their reports, which were published in the Archives of Pædiatrics, July, 1895, that injections of antitoxin for immunizing purposes are of inestimable value. Dr. Morrill described the results obtained from 438 immunizing injections of antitoxin at the Children's Hospital in Boston, of which 109 were of Gibier's serum, 104 of Behring's, 74 of Aronson's, and 151 of the antitoxin prepared by the Massachusetts State Board of Health. As regards the urticaria, its frequency, severity, time of appearance, and duration varied greatly with the brand of serum employed. That of Gibier (Pasteur Institute of New York) produced it in 22 per cent. of the cases on the (average) seventh day, and lasting (average) two and a half days. Behring's caused it in but one case, appearing on the eighth day and lasting three days. *Aronson's gave rise to no urticaria*. The serum of the Massachusetts State Board of Health produced, in about 4½ per cent. of the cases, an eruption appearing on the (average) second day and disappearing in a day and a half.

As regards the efficacy in counteracting toxin, Professor Charteris, of Glasgow, reported at the late meeting of the British Medical Association:—

"I next proceeded to test their efficacy in counteracting toxin. The four samples were diluted to 1 to 4000 by weight.

"The guinea-pigs experimented on weighed from 500 grm. to 700 grm.; 15 c.cm of the toxin in each case were injected with the diluted antitoxin solution in the following proportions:—

"a. 15 c.cm. toxin plus 9 c.cm. of Aronson's antitoxin.

"b. 15 c.cm. toxin plus 18 c.cm. of Behring's.

"c. 15 c.cm. toxin plus 40 c.cm. of Burroughs & Wellcome's.

"d. 15 c.cm. toxin plus 40 c.cm. British Institute of Preventive Medicine.

"The larger dose of the two latter antitoxins necessitated injections into both sides of the abdominal walls of the two pigs employed. On the following day all the pigs were huddled together and took no food. At the sites of the injections in the pigs c and d there was evidence of infiltration, but in pigs a and b this was not observed. Hardening followed the infiltration

and continued for thirteen days, but appeared to occasion no discomfort nor any impairment of health."

INDEX MEDICUS.—While efforts, which we hope will prove successful, are being made to revive this useful publication, we have received from M. Marcel Baudouin, an eminent French physician and journalist, a circular in which he announces his intention of beginning the publication of a similar work. M. Baudouin asks assistance by means of exchanges from fellow-editors and publishers.

FORCEPS AND FACIAL PARALYSIS IN AN INFANT.—Laskine speaks of an instrumental labor where the mother was a primipara, aged 22. After she had been in labor for fifty-four hours the forceps was applied. A large child, weighing nearly 10 pounds 4 ounces, was delivered; the perineum was torn. The child had facial paralysis, which was treated by the interrupted current. At the end of two months the condition had disappeared. Laskine admitted that the child's father had syphilis. Altogether, however, he thought the evidence was in favor of the opinion that the paralysis was caused by injury with the forceps. This complication took, he thought, long to cure. Gaulard, in a discussion on the case, knew of another far more chronic instance of the same lesion, for one of his colleagues, about 40 years old, still suffered from facial palsy caused by the forceps when he was brought into the world.

GAUZE DRESSINGS IN SURGERY.—This is the title of a monograph just issued by Johnson & Johnson. The following extracts from the preface explain the scope of the pamphlet:—

"The publishers of this volume have always held to the principle that the consumers of their products are entitled to full information as to the details of their manufacture.

"They have issued (beginning in 1887) several monographs devoted to the preparation and application of modern wound-dressings. The present volume consists of a discussion of gauze dressings in surgery, and is intended to place in the hands of the surgeon the latest and best information upon this particular subject. Considerable attention having been given, of late, to the proper standard and mode of manufacture of gauze dressings, we have herein given details of authoritative processes as well as those employed in the preparation of Linton Moist-Gauze Dressings. The rapid advance in the science of surgery has made necessary both a modification and amplification of the methods of preparing surgical dressings. While the details have been greatly simplified, the principles first propounded still hold good."

BOOK REVIEWS.

Temptations, Habits, Character. By WILLIAM M. CAPP, M.D., Philadelphia. Issued by the Arena Publishing Company, Boston. 46 pages, in attractive form. Price, 25 cents.

This is a monograph upon subjects of a personal and private nature, scientifically and delicately treated. All physicians and many parents know to their sorrow how prevalent among youth and others are certain secret habits which pervert the sex instinct, and the consequences are only evil. The nature of the subject, however, is so difficult to broach and discuss, that even nearest friends fail to interpose timely advice and warning to avert impending damage to health and character. Conventional reticence is at times carried to too great an extreme, for the instigations of sex are a powerful factor and may become most dominating in the life of the individual. It may mislead the unwary, who, through ignorance, go astray. It is no easy matter, therefore, to put into words just what should be said upon these subjects. Dr. Capp treats his theme instructively and with interest, and its high moral tone is void of every word or thought which could offend. Overstrained or distorted truths find no place in the argument, which appeals alone to the intelligence and the noblest sentiments.

Clinical Lectures on Diseases of the Nervous System. Delivered at the National Hospital for the Paralyzed and Epileptic, London. By W. R. GOWERS, M.D., F.R.S., Physician to the Hospital; Consulting Physician to University College Hospital; Formerly Professor of Clinical Medicine in University College. Philadelphia: P. Blakiston, Son & Co., 1895.

In a volume of moderate size Dr. Gowers discusses in a clear, straightforward way various affections of the nervous system. The book is more particularly helpful to the general practitioner because, almost without exception, it deals with diseases and conditions which he must frequently encounter in his daily rounds. Syphilis of the nervous system, neuralgia, locomotor ataxy, epilepsy, and paralysis of different forms and origin are the subjects to which most of these lectures are devoted. The distinctive value of the work is that, coming from a close observer and one whose experience in this special field is wide, the capital and impressive facts regarding diagnosis and symptomatology are given without an unnecessary attention to detail. Twenty lectures, each complete in itself,

and each short enough to be read at a sitting by the busiest man, make up a book which is certainly instructive and should be popular.

Annual of the Universal Medical Sciences. A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by CHARLES E. SAJOUS, M.D., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors, Collaborators, and Correspondents. Illustrated with Chromo-Lithographs, Engravings, and Maps. The F. A. Davis Company, Philadelphia, New York, and Chicago. London: F. J. Rebman. 1895. Volumes i, ii, iii, iv, and v.

This great publication is a library in itself, comprehending, as it does, excerpts from the medical literature of the world, collected by editors and correspondents who are specially skilled in the departments which they severally represent. Thus, the reader is presented with a conspectus of the most advanced work, clinical, experimental, and practical, of our time. The work is, in every sense, cosmopolitan in its scope.

In volume i we find a series of papers in which are collected the latest additions to our knowledge of diseases of the viscera and affections of the general system and blood. Tuberculosis, being a subject which must always attract attention, is ably presented in a *résumé* based upon the literature of the year. Diabetes mellitus, a disease which, though not uncommon, is still imperfectly understood as regards its pathogenesis, is commented upon by Professor Lépine, of Lyons. Professor Lépine has given much time to the study of diabetes, and his paper is replete with interest. Prof. J. Lewis Smith, of New York, presents a fair review of the influence of the serum treatment upon diphtheria. Rheumatism and gout are diseases upon which much is constantly being written, and the salient points of the most recent literature are presented by Prof. N. S. Davis, of Chicago.

Volume ii contains reports on diseases of the nervous system, of the sexual organs in women, and diseases of the newborn. The section upon diseases of the brain is under the care of Drs. Landon Carter Gray, W. B. Pritchard, and R. C. Schultz, of New York. Diseases of the spinal cord form the subject of a comprehensive review by Prof. H. Obersteiner, of Vienna.

The third is a surgical volume. In it we find reviewed the latest contributions to the surgery of the brain, spinal cord, and nerves; of the thorax and abdomen, orthopaedic surgery, amputations, fractures and dislocations, tumors, syphilis, etc.

Volume iv summarizes the literature of the specialties. Dermatology, ophthalmology, otol-

ogy, laryngology and rhinology, legal medicine, etc., are represented by various editors and reporters, who have selected the contributions of value which have appeared upon those subjects.

Volume v contains a contribution upon "General Therapeutics and Pharmaceutical Chemistry," by the late lamented Dujardin-Beaumetz, of Paris. This paper, which is a model of its kind, reviews the various drugs which have recently been added to our armamentarium. An important paper in this volume is by Dr. Apostoli, of Paris, upon "Gynæcological Electro-Therapeutics." "Hydrotherapy and Climatology," by Drs. Simon Baruch and Frank H. Daniels, of New York, and "Hygiene and Epidemiology," by Drs. Walter Wyman and Charles E. Banks, are important features of this volume. Recent papers on anatomy and physiology are also analyzed in this volume.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Vol. xvi. W to Zythus. Washington: Government Printing-Office, 1895.

This volume completes the first series of the Index-Catalogue. This great work is a reflex in miniature and guide to the contents of a rich collection, embracing at the present time 116,847 books and 191,598 pamphlets. A work of this kind, however, is never at an end: and we are informed that the manuscript of a second series, including all the titles of books and articles received too late for insertion in the first series, has been prepared and will probably make five printed volumes of the same size and style as those constituting the first series.

Bichromate of Potassium as a Remedy in Gastric Affections. Bone-Marrow in the Treatment of Pernicious Anæmia. Serpents' Venom: Artificial and Natural Immunity; Antidotal Properties of the Blood-Serum of Immunized Animals and of Venomous Serpents.

The above are titles of reprints received from the author, Prof. Thomas B. Fraser, of Edinburgh. Of the first two papers abstracts have already appeared in the pages of the MEDICAL BULLETIN. In the third communication Professor Fraser details the results of a series of experiments made with serpents' venom. He has succeeded in rendering animals immune to serpent-bites by administering to them a succession of gradually-increasing non-lethal doses. He furthermore found that the serum of immunized animals possesses an antidotal power, and to this serum he has applied the name "antivenine." The probable practical value of these demonstrations is obvious.

CURRENT MEDICAL LITERATURE.

The Anti-Opium Treatment of Intestinal Obstruction, Typhlitis, Appendicitis, etc. With Illustrative Cases. By Arthur DeVoe, M.D., Seattle, Wash.

Report on Typhoid Fever in the District of Columbia. Submitted by the Medical Society of the District of Columbia to the Committee on the District of Columbia of the United States House of Representatives, June 14, 1894.

New Instruments. By Seth Scott Bishop, M.D., Professor of Otology in the Post-Graduate Medical School and Hospital, Chicago, Ill.

Comment on Guérit le Bégaiement. Par le Dr. Chervin, Directeur de l'Institut des Bègues de Paris; Membre de la Société de Médecine de Paris, etc.

The Conduct of the Medical Student. An Address to the Class at the Beginning of the Course of Lectures upon Obstetrics, Diseases of Women and of Children, at the Jefferson Medical College, October 4, 1894. By Theophilus Parvin, M.D.

Report of the Surgeon-General of the Army to the Secretary of War, for the Fiscal Year ending June 30, 1894.

Muscular Asthenopia and its Treatment by Graduated Tenotomy. By Charles Hermon Thomas, M.D., of Philadelphia; Fellow of the College of Physicians of Philadelphia, etc.

Three Cases of Strabismus with Anomalous Diplopia. An Original and Acquired Fixation-Spot in the Same Eye. By Charles Hermon Thomas, M.D., Fellow of the College of Physicians of Philadelphia, etc.

A Vesical Detrusor Centre in the Cerebral Peduncles. By Isaac Ott, M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia.

Cerebral Syphilis. By Henry Alfred Robbins, M.D., Washington, D.C.

Syphilis in the Innocent. By A. H. Cleveland, M.D., Clinical Professor of Laryngology, Medico-Chirurgical College, etc.

Carcinoma of the Right Maxillary Antrum. By Arthur H. Cleveland, M.D., Clinical Professor of Laryngology, Medico-Chirurgical College; Surgeon to Throat, Nose, and Ear Dispensary, Presbyterian Hospital, Philadelphia, Pa.

Information Relative to the Investigation of the Influence of Climate on Health. Circular No. 4. Sanitary Climatology.

Reports of Friends' Asylum for the Insane, 1895.

AMMONOL SALICYLATE.

The salicylates are everywhere recognized as valuable in the treatment of rheumatic and gouty affections, but their usefulness is often interfered with by the great tendency which they have to derange digestion.

Ammonol Salicylate, given in doses of 10 to 20 grains, stimulates the eliminative process and at the same time removes the pain, thus avoiding the use of morphia. The addition of ammonol to the salicylate exerts a synergistic effect over the entire range of the salicylic acid, and the compound resulting from the combination of the two is far more effective than the sodium salicylate or ammonium salicylate. At the same time the Ammonol Salicylate is tolerated by the most delicate stomach and can be given when the other salicylates cannot be borne. It is a freely-soluble salt which is rapidly absorbed and promptly produces, when given in sufficient amount, the cinchonism that marks the salicylic action. The Ammonol Salicylate is sold only in bottles containing either one ounce of the powder or one ounce of five-grain oval tablets. To avoid substitution please notice the letters "Ammonol Chemical Co." blown in the shoulder of each bottle.

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Acute Cystitis.—Resulting from gonorrhœa and presenting symptoms of distress and pain over pubes, frequent and urgent inclination to micturate, urine cloudy and depositing slight amount of mucus on standing.

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Treatment.—In addition to the mechanical treatment, usually essential in the management of disorders of this class, the administration of Lambert's Lithiated Hydrangea is often of the greatest service. A practitioner of wide experience says: "I have used Lambert's Lithiated Hydrangea on various persons affected with diverse and painful manifestations of chronic rheumatism, gout, lithiasis urica, nephritic calculus, and functional disturbances of the renal system, with excellent results, and I consider it a valuable remedy for normalizing the renal function, for promoting the active

elimination of uric acid, and to calm the congestive conditions of the kidneys and of the urinary mucous membrane."

WEIGHT CHARTS.

While we have been familiar with fever charts, food charts, and diet charts, yet for the first time have we seen a "weight chart for infants." This is a new chart published by the Just's Food Company, by which the weight of an infant, from birth to 2 years of age, may be recorded from time to time. Such a record is not only valuable to the physician, showing at a glance whether the child is properly gaining in weight, but it will also be an interesting souvenir to the mother. On the chart is a model line as a guide for an average child. By referring to our advertising pages it will be seen that this chart will be sent free to any address. It is certainly something novel, and we believe will prove of great value.

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My experience with Sanmetto is quite extensive. I could give special cases in which its action was simply astonishing, but in this report I wish to summarize my experience by saying I have given Sanmetto a long and thorough trial in a case of chronic cystitis, accompanied with stricture, the result of which warrants me in saying Sanmetto is unsurpassed by any other preparation with which I am acquainted. Its effects are prompt and positive.

RACHAEL J. KEMBALL, M.D.

BUFFALO, N. Y.

INDORSEMENTS FROM MEDICAL JOURNALS.

Horatio R. Bigelow, M.D., in a communication to Medical and Surgical Reporter, October 16, 1880, under the title of "The Columbia Hospital for Women," etc.:—

"In dyspepsia, especially that form of it which is attended with vomiting in pregnant women, Dr. Sowers has used, with the greatest success, 10-grain doses, every two hours, of Warner's 'Ingluvin.' The most severe cases seem to yield under its administration."

(Continued on advertising page 12.)

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Aloin.....1 gr.	Strychnin.....1-60 gr.
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"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-Soda, 1 or 2 pills taken 3 times a day.	
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Protocarb. of Iron.....3 grs.	Dose, 1 to 3 Pills.
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Ferri Sulph. Fe SO ₄	Ferri Carb. Fe CO ₃
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Superior to Pepsin—given in the same manner and combinations as Pepsin. Dose, 10 to 20 grains.

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This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion where the gastric juices are not properly secreted. As a dinner-pill, Pil. Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.	
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Some time ago, having had my attention drawn to the claims made by the promoters of Pineoline, of its efficacy as a stimulant and antiseptic agent in the treatment of various diseases of the skin, I concluded to give it a trial in the wards of the St. Louis City Hospital. I was the more induced by the fact that its composition included an active derivative of the pine, which has long been known to possess healing qualities of no mean order. I was then suffering from seborrhoea of a chronic nature of the scalp, face, and arms, and I somewhat reluctantly decided to try the preparation upon myself, as an experiment to which I would not submit any of my

patients. I had, however, but little faith in its efficacy, having previously almost exhausted the Pharmacopœia in the way of external and constitutional treatment, without securing any permanent relief. It was practically because I had nothing else left to try that I concluded to use the Pineoline. I applied it locally, three times a day, massaging the parts affected for from five to ten minutes with each application, and, to my unqualified surprise and delight, in two weeks the eczema has entirely disappeared, nor has it since returned. During the time I was using the ointment, I merely supplemented the treatment with a simple laxative. Subsequently I used the Pineoline in from twenty to thirty cases of the various forms of eczema which came under my charge as Superintendent of the St. Louis City Hospital, always with the same relatively admirable results.—HEINE MARKS, M.D., Superintendent and Surgeon-in Charge of the St. Louis City Hospital; Member of the American Medical Association; Member of the Missouri State Medical Society; and ex-Member of the Board of Managers of the House of Refuge.

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University of Cal., College of Dentistry,
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ANÆMIC PATIENTS WHO HAVE MALARIAL CACHEXIA.

Dr. T. D. Crothers, editor of the Quarterly Journal of Inebriety, published under the auspices of The American Association for the Study and Cure of Inebriates, and who is an authority on neurosis, writes, in his last number, as follows: "Antikamnia and Quinine are put up in tablet form, each tablet containing $2\frac{1}{2}$ grains of antikamnia and $2\frac{1}{2}$ grains of quinine, and is the most satisfactory mode of exhibition. This combination is especially valuable in headache (hemispheralgia) and the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition."

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A HYGIENIC LUXURY.

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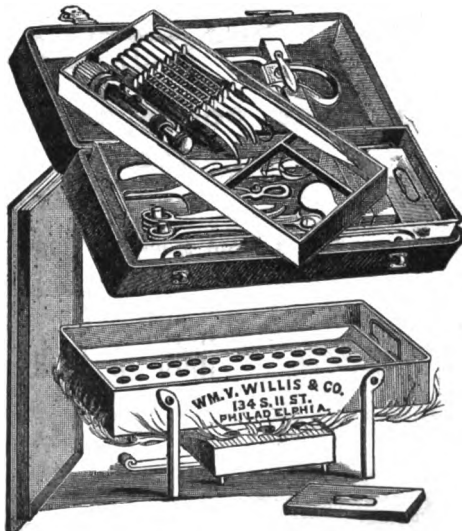
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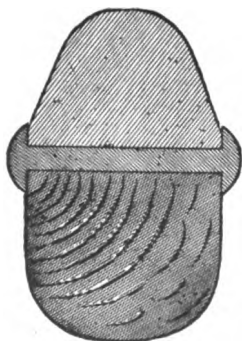
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VOL. XVII.

PHILADELPHIA, NOVEMBER, 1895.

No. 11

ORIGINAL COMMUNICATIONS.

THOROUGH PHYSICAL EXAMINATION VERSUS THE PATIENT'S STATEMENT.

By HERMAN D. MARCUS, M.D.

OUITE often we find that patients will present themselves to us for treatment, and in giving a history of their case will describe a range of symptoms which, to all appearances, will indicate the presence of some simple disease, and, without going into anything more than a cursory physical examination, we shall be apt to make the greatest of all mistakes of treating the effect rather than the cause.

Of course, it must be acknowledged that to the busy practitioner, more intent upon the shekels than the good of his patient, routine examinations of all cases presenting to him may prove irksome and tedious, but to the conscientious physician such practice will prove very unsatisfactory.

In our dispensary at the Medico-Chirurgical Hospital, routine practice has taught the physicians connected with it to place only partial reliance on a patient's description of his case, and to rely entirely on physical diagnosis. Quite often, when such a course is practiced, we shall find lesions which would, from the history given by the patient, be never suspected. We may, after eliciting such a history as "sick at the stomach, headache, constipation," and, the greatest of all symptoms, "don't feel right," find, by physical examination, some heart-lesion, nephritis, or other serious disease. While the objective symptoms given to us by the patient are of the greatest importance, still

they should be looked upon as nothing more than a little index toward facilitating our work, but by no means should it be permitted to take the place of the more important physical examination. Our routine work at the dispensary may be classified into four groups:—

1. Eliciting the history of the case. This includes family history, previous history, and history of present disease. In the column of family history, the history not only of parents, brothers and sisters, but whenever possible also of grandparents, aunts, and uncles, is inquired. Previous history is carefully looked after; diseases of childhood are not grouped under that heading, but each disease is specially named; other diseases are carefully noted, giving date and duration of each. History of present disease includes, firstly, duration, the statement of the patient, and his answers to special questions which may be found necessary to elucidate his statement.

2. Physical examinations. This includes inspection, palpation, percussion, and auscultation. No patient—man, woman, or child—is examined through clothes. They must disrobe, and especially no corset is permitted to interfere with the examination. In reference to this last I should like to say that, as yet, I have not found one patient, be it male or female, who objected to disrobing, providing, of course, the physician permitted them to undress behind a screen, and if he possessed sufficient tact and discretion in making the examination. Physical examinations are made as follows:—

Inspection.—The patient is placed in a good light and requested to breathe deep and slow. The movement of the chest and shoulder-blades is carefully noted. At the same time

undue pulsation at the apex; pulsation in the epigastrium, neck, etc.; thrills, bulging of the chest, depressions, deformities, etc., are observed.

Palpation.—This includes changes in vocal and respiratory fremitus, displacements, and character of apex-beats.

Percussion and auscultation of all organs toward which the symptoms may possibly point.

In nearly all cases whose symptoms are the least suspicious of heart-lesions, such as "shortness of breath," the heart is carefully examined at all its valves.

3. Special examinations. This includes examination of urine, sputum, blood, and contents of stomach, according to the nature of the case.

Urinary examinations are made chemically as well as with the microscope, and, whenever thought of importance, repeated two or three times a month.

Sputum is examined in all cases which are suspected tubercular, and rarely is a diagnosis of phthisis made without having found previously the bacillus.

Blood-count is made when indicated, and contents of stomach examined wherever the diagnosis is made difficult by obscure symptoms.

4. Examination in other departments, such as the eye for cases of nephritis, the throat in tubercular patients, etc. How very important such a procedure is, it may be well to quote a few cases from our case-book, their history and subsequent diagnosis:—

E. F., male, complains of headache (frontal), nausea, especially in the morning. No pains, appetite good, bowels regular, tongue good. No palpitation; some dyspnoea on exertion. Urine same as usual,—neither increased in quantity or frequency nor decreased. Color normal. No previous disease. Always healthy up to four or five months ago. No diseases of childhood beyond measles and whooping-cough. Family history good.

Physical examination showed some changes in mitral valves, but no murmur.

Urinary examination: Sp. gravity, 1010; acid reaction; amber color; albumin present; no sugar; hyaline casts and granular matter.

Ophthalmoscopic examination: Marked retinitis, but no deposit.

Diagnosis.—Chronic parenchymatous nephritis.

R. G., female, 28 years, gives negative family history. Previous history negative, except severe headache for past six years. Present history, headache for past week; more severe than usual; at times vertigo. During attack feels nauseated, feverish, and complains of malaise. Bowels very constipated. Appetite fair. Tongue fair.

Physical examination showed a marked mitral systolic murmur, and the diagnosis of mitral regurgitation was made. Under bromides and some sulphate of strychnia the heart's action became more normal and the above-mentioned symptoms disappeared.

M. H., male, aged 57, complains of malaise and general mental depression. Appetite good. Bowels regular. Had articular rheumatism fifteen years ago.

Physical examination disclosed a mitral systolic murmur. Reduplication of second sound at aortic valves.

H. G., male, 32 years, gives a phthisical family history. Had malaria twelve years ago. For four or five days before admittance complained of pain in lumbar region; general ill-feeling; frontal headache; some dyspnoea. Coughs at times; little expectoration of white mucus.

Physical examination showed bronchial breathing on both sides. Subcrepitant râles in left apex and subclavicular region.

Examination of sputum. Tubercular bacilli.

Laryngoscopic examination made by Professor Cleveland. Tubercular deposits.

B. G., 16 years, male. Family history negative. Previous history good with the exception of spinal curvature caused by a fall when a baby. Complains of poor appetite, gaseous eructations, headache, soreness at times in right side. Bowels regular, appetite poor, tongue coated white.

Physical examination shows weak and intermittent pulse. Mitral systolic murmur.

B. G., male, 69 years, complains only of dyspnoea, most marked in the morning. Perfectly well otherwise. Frequent micturition.

Urinary examination. Sp. gr., 1015; acid reaction; dark amber; albumin present; granular and epithelial casts; epithelial debris.

B. F., female, 52 years, complains of headache at night about 12 o'clock, with flashes of heat. Dyspnoea, but only in the recumbent position. Otherwise perfectly well. Urinary

examination showed low specific gravity, the presence of albumin and casts.

These cases are all such in which no suspicion of the serious lesions found was ever suspected. They had all been under the care of other physicians, but in all instances diagnosis was made according to the history given by the patient, and treatment directed toward relieving these.

The result, as brought out by thorough and systematic examination, will certainly justify such a course to be pursued more frequently in private practice.

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SOME PECULIAR EFFECTS OF CHLOROFORM, WITH PREFATORY REMARKS.

By EUGENE LEE CRUTCHFIELD, M.D.,

Lecturer on Applied Therapeutics in the Baltimore University School of Medicine.

IN the choice of an anæsthetic I invariably give the preference to chloroform. The indefatigable efforts of the advocates of ether to prove its superiority have failed to convince me of any advantage to be derived from its administration. I hold to this opinion notwithstanding the fact that I graduated from an institution (the University of Maryland) in which but one of the professors (that of Ophthalmology and Otology) ever employed chloroform. At that time all the others strongly condemned it and extolled the virtues of sulphuric ether. I do not believe that the latter is safer than chloroform. Many reasons could be given for this view if such were the object of this article. This point has been ably considered in a paper which Prof. J. J. Chisolm, M.D., LL.D., read a few years ago before the Baltimore Academy of Medicine. Like that distinguished gentleman, I believe that any one who is a fit subject for a surgical operation may take chloroform. I lately administered it to a man who had a pronounced mitral regurgitant murmur. During the operation (amputation of two fingers) the action of the heart became weak, but this was easily overcome by the hypodermatic injection of nitroglycerin (gr. $\frac{1}{100}$).

I have never seen a death from chloroform narcosis. Twice while I was administering it the patients ceased to breathe, but, the action of the heart remaining good, they were resus-

citated by Nélaton's method. It is rather singular that these patients were mother and son. Possibly idiosyncrasy of an hereditary character was accountable for this phenomenon. I keep a record of every time I give an anæsthetic, in which are mentioned all the particulars of the case, with the name of the operator. While this record is not very extensive (since I have been in practice but eight years), I have an advantage over those men who boastingly say that they have administered it thousands of times, but yet have nothing to substantiate their assertions. Then, too, I make mention only of those cases in which I myself am the administrator. I have no record of those instances (which are numerous) that I have witnessed, on which occasions others have given the anæsthetic.

Ether I have given but twice, and then I did so only because the operator insisted upon its use. I would never employ it voluntarily, as its action is slow, it causes great irritation of the respiratory passages, it frequently produces alarming cyanosis, and in many ways it is unsatisfactory. But, while I am a strong advocate for the use of chloroform in preference to ether, candor compels me to acknowledge that there are certain cases of idiosyncrasy in which the inhalation of chloroform produces unpleasant features. This fact, however, constitutes no argument against the employment of chloroform, since there is not a drug in the whole materia medica against which the same charge could not be laid. A few cases of idiosyncrasy will now be given.

At a meeting of the Baltimore Medical Association, held March 25, 1889, I heard Dr. Thomas A. Ashby, then president of that body, report the case of a man in whom the inhalation of chloroform produced a convulsion having the characteristic features of puerperal eclampsia. This was the first case of the kind that he had ever seen or heard of. He was unable to explain the occurrence, especially as chloroform so often relieves this affection in women.

In the early part of the year 1886, while a student in this city in the office of Professor Alfred Whitehead, M.R.C.S.Eng., I administered chloroform to a patient upon whom that gentleman operated for the relief of congenital phimosis. The vapors of the anæsthetic caused considerable irritation of my throat and much coughing, for which, at the time, I was unable

to account. It did not occur to me to attribute this effect to the chloroform, until the night of February 11, 1889. I was then called to see a man who had a subglenoid dislocation of the humerus. As attempts at reduction caused him much pain, and in order to overcome muscular spasm, I decided to administer chloroform. I did so, very much to the relief of the patient, but with great discomfort to myself, for it produced the same irritation of the throat with its attendant coughing.

On October 20, 1891, I gave chloroform to an old lady over 80 years of age before sewing up an extensive wound of the scalp. I was again troubled with the same irritation of the throat and coughing. A singular feature in this connection is the fact that chloroform does not always affect me thus. Although I had administered it quite a number of times since February 11, 1889, in no instance since that date had it annoyed me in this manner until this occasion.

Although I had given chloroform frequently since the last-mentioned instance, I was not again affected thus by its vapors until December 21, 1894. I then administered it for another physician, who operated upon his brother for the cure of an incomplete fistula in ano. I felt the same irritation of the throat, which produced the same amount of coughing. Having experienced this discomfort from chloroform on a sufficient number of occasions to convince me that it is really due to its vapors, I now make it a rule, when administering this anæsthetic, to assume such a position that I shall inhale as little of it as possible.

I am indebted to Dr. Percy Stansbury, of this city, for the following case: In the spring of 1895 he administered chloroform for another physician, who was about to remove a congenitally elongated prepuce. The patient, under the inhalation of the vapors of this anæsthetic, became thoroughly relaxed in every respect but one. The conjunctivæ could be touched without the man's flinching, and the arm, when elevated and allowed to fall, was perfectly limp, but there was persistent priapism. This lasted until the effects of the chloroform had subsided,—about three-quarters of an hour. The experiment was tried several times, but always with the same result. Finally, ether had to be employed before the operation could be performed. This case is unique in that the erection persisted beyond the stage of excite-

ment. That the *nervi erigentes* are sometimes stimulated during this stage of chloroform narcosis has been noticed with comparative frequency, but this effect passes off when the system becomes thoroughly relaxed. Therefore, in this particular, this case possesses peculiar interest.

BALTIMORE, MD.

PRELIMINARY NOTICE ON THE SOURCE OF MALARIA.

By IRVING H. BACHMAN, Ph.D.

THE investigation on the source of malaria has had the writer's attention for over two years, and in that time a large amount of clinical testimony has been collected from all known malarial districts in North America; the final report, however, will hardly be ready for publication before next year, but from the work already completed certain facts have been obtained which will be embodied in this short notice.

The introduction of artesian wells, first by the railroad companies who desired a larger supply of water than had hitherto been available, and the accidental use of that water by the people in the immediate vicinity soon produced a marked diminution of malarial trouble in those localities. The artesian supplies were, on the whole, so satisfactory to the railroads that their introduction became very rapid, and in a few years most of the South Atlantic lines depended upon this source of water-supply. The evidence that in the exclusive use of the deep-seated waters there was entire immunity from malarial trouble was apparently so incontestible that I determined upon a critical examination of all waters known to produce malaria and those that in malarial districts were proof against it; this examination is not only chemical, but biological and pathological.

In the present state of our knowledge we do not expect to be able to draw a sharp line between waters that produce malaria and those proof against it by purely chemical analysis, nor, on the other hand, can we hope to identify by biological examination the protozoa producing that trouble; but we may by the former succeed in isolating certain toxic products peculiar to those waters only, and by the latter a certain line of testimony that, in conjunction with the chemical investigation, will yield very valuable results. The work thus far has proven

satisfactory beyond expectation, and, from the work already done and the character and amount of evidence before me, I am justified in stating that the long-current belief that the source of malaria is in the air is in error.

The germ, which is of soil-origin, is strictly a protozoa and reaches its highest development in low, moist ground with a favorable temperature. Surrounded by the proper soil-conditions, this protozoa passes from one stage of life into another with considerable rapidity; so that in the present state of our experimental knowledge it is impossible to identify it, nor is it probable that by culture we shall be able to produce the accepted Laveran germ outside of the human system.

As a rule, the potable water from the malarial districts is derived from driven wells not over twenty-two feet deep, in soil with clay or some other impervious substrata, which water is generally cool and palatable, often sparkling clear, but more frequently a little turbid. This water is filled with an incalculable number of these germs in all stages of development, and if used as a potable water they naturally find their way into the system through the alimentary channel. This protozoa passes through so many forms or stages of life that in some stages it is light enough to float and be transported by the moist air of low grounds, but in this state it is comparatively harmless except under most extraordinary conditions; it is not until the surface-water is used that the real mischief begins, when, by reason of higher development, it has become much more virulent than that floating in the air. A very short period of incubation is sufficient to develop a severe case of malarial fever in the new-comer who uses the surface-water.

From personal observation I know that the exclusive use of pure, deep seated water affords entire immunity against malaria in sections of country where no white man dared live using the surface-water. Nor must it be understood that the exclusive use of pure water simply fortifies and strengthens the system against the attack of the germ. The water is the primary cause of infection, which acts as the direct carrier of the germ into the system through the intestinal tract.

The impression that malaria is caused by purely atmospheric influences has become so fixed in our minds that, unless we come in actual contact in the evidence produced in the

use of pure water as against that heretofore used, the physician will, in all probability, be very slow to allow himself to be convinced that the word malaria (*mal*, bad; *aria*, air) is a misnomer, and that malaqua (*mal*, bad; *aqua*, water) is the word that should be used to cover the pernicious effects known under the name of malarial fever.

ALLENTOWN, PA., October, 1895.

THE GENERAL THERAPEUTIC EFFECT OF THE ALTERNATIVE ELECTRIC CURRENT OF HIGH FREQUENCY AND OF HIGH TENSION.*

By DR. G. APOSTOLI,
PARIS.

DR. APOSTOLI, together with Dr. Berlioz, on the 18th of March, 1895, presented a paper on the above-mentioned subject to the Academy of Sciences of Paris. He now, after longer and riper experience, desires to present a summary statement of his general conclusions:—

1. According to Professor d'Arsonval's discoveries, alternative currents of high frequency and of high tension exert a powerful action upon all living bodies submitted to their inductive influence.

2. The best method of applying these induced currents is to place the patient, free from all contact with electrodes, in the circuit of a large solenoid traversed by these currents.

The patient being thus completely insulated, the currents, which circulate in his body by autoconduction, have their origin in his tissues. The body plays the rôle of a closed induced circuit.

3. By this method the physiological discoveries of Professor d'Arsonval are confirmed, and we are able to prove the powerful influence of these currents upon the vasomotor system; although they produce absolutely no sensation and although they have no apparent effect upon the motor or sensory nerves.

These currents have, nevertheless, a powerful action upon all the nutritive functions; as has been verified by Dr. d'Arsonval's numerous analyses of the gaseous products of respiration and by Dr. Berlioz's not less numerous analyses of the urinary excreta.

* A paper read before the British Medical Association at the meeting in London, 1895.

4. The general therapeutic applications to be deduced from this physiological action are confirmed by clinical observation.

Dr. Apostoli has now treated more than a hundred patients by this method, at his clinic and at his private consultation rooms. The greater number of these patients have been greatly benefited by this new treatment, which, be it remarked, has been used to the exclusion of all other forms of medication, dietetic or otherwise.

5. These currents exert, in the majority of cases, a most powerful and generally beneficial action upon diseases due to slackening of the nutrition by accelerating organic exchanges and combustion. This is proved by analyses of the urine made by Dr. Berlioz, of which the following is a brief *résumé* :—

The quantity becomes more normal; the products of organic waste are better eliminated.

The increased combustion is shown by the diminution of uric acid, while the percentage of urea is generally increased. The relative proportion of these two substances changes under treatment so as to reach, in general, the figure of 1 to 40.

The elimination of the mineral products is also changed, but in a manner less marked.

6. When daily *séances* are given, each lasting fifteen minutes, we may generally observe, in patients submitted to the influence of these currents, the following modifications in their general condition. We mention them in the order of their occurrence :—

Return of sleep.

Increase of strength and vital energy.

Increase of gayety, of power for work, and ability to walk.

Improvement of appetite, etc.

In short, general progressive improvement.

This general improvement often manifests itself, after the first *séances*, before any local influence is apparent and before any change has occurred in the urinary secretions.

7. Local pain and trophic changes are often more slowly affected by these currents, and at times they are entirely refractory for a longer or shorter period.

In such cases the same currents must be applied locally, by contact with the electrodes.

This subject will be treated later on, in a separate communication.

8. The diseases which have appeared incurable by this treatment are those not associated with well defined organic changes, such as hysteria and certain forms of neurasthenia.

Dr. Apostoli has also observed that certain localized neuralgias are refractory to this form of currents; they require its more direct local application.

9. The diseases which have derived most benefit from this therapeutic agent belong to the arthritic class,—rheumatism and gout.

10. In certain diabetic subjects the sugar has disappeared altogether from the urine under the influence of these currents, while in others there has been no such change, notwithstanding the manifest and constant improvement in the general condition.

Is this difference due to the imperfection of the electrical apparatus, or to the manner of its application? It is hoped that further experience will soon afford an answer to this question; although the fact that diabetes has many different causes may, in itself, explain the difference in the results obtained by this treatment.

11. In conclusion, the currents of high frequency and of high tension, introduced into electro therapeutics by Dr d'Arsonval, greatly increase the field of action of medical electricity.

They furnish general medicine with a new and valuable means of treatment, capable of modifying more or less profoundly the processes of nutrition.

THE DIAGNOSIS OF ACQUIRED SECONDARY SYPHILIS WHERE THE HISTORY AND INITIAL LESION ARE ABSENT.

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SINCE the time of Ricord the manifestations of syphilis have been classified, according to their type, into primary, secondary, tertiary, and, by some writers, into quaternary syphilis. This seemingly arbitrary division of one continuous, chronic, constitutional disease into three periods was determined by his large experience,—firstly, by the manner of possible infection, and, secondly, by the localization of the symptoms. Thus, the primary, or local, stage was that in which in-

fection was only possible by means of local contact; the secondary, that in which infection through contact was impossible and in which it could only be continued through the foetus; furthermore, the symptoms of secondary syphilis would always be found located on skin, mucous membrane, the eye, or the testicle, never in internal organs; the tertiary, that in which the deeper organs and tissues were especially affected and the disease was no more infectious, either through contact or through the foetus.

While for the convenience of classification the divisions into primary, secondary, and tertiary syphilis are generally accepted, clinical and experimental evidence has contravened many of the above laid down principles, such as infection by personal contact being only possible during the primary stage, heredity, the localization of the symptoms of the secondary stage, etc.; and at the present time we mean that, when the symptoms follow each other in their well known and generally-recognized chronological order and clinical types, they should be classed as belonging to the primary, secondary, or tertiary periods of syphilis.

It must not be forgotten, however, that, in some exceptional cases, we may be confronted, within the first few months after systemic infection, by the gravest symptoms of nervous and deep tissue syphilis, usually ascribed to the later manifestations or to the sequelæ of the disease. This may be due to the strength, quantity, and the rapid diffusion of the syphilitic virus, or to the feeble resistance offered by already weakened and debilitated organs to the virus which has been carried through the circulation, and which tissues, in most cases, withstand the acute attack, but if proper treatment be not instituted fall victims, in a large number of cases, to the residence of the virus in the system; or it may be due to a peculiar susceptibility or idiosyncrasy of the patient.

We will not discuss in this paper the different influences of malnutrition, heredity, etc., in producing deviations from the recognized type, but briefly state that by primary syphilis is included the time from the beginning of the local infection until the outbreak of the symptoms announcing systemic inclusion, thus including the period of incubation; by secondary syphilis, the time from the outbreak of one of the syphilitic axantheams, their accom-

panying general symptoms and their recurrences, to the appearance of tertiary stage, as announced by the gummatous formations; by tertiary syphilis is included the time from the appearance of the gumma and its sequelæ until the disappearance of every evidence of a yet potent disease.

For the virus to produce its systemic effects are necessary, firstly, a place or point of infection; secondly, absorption ultimately into the blood-current; or again, infection, through the placental circulation, into the tissues of the foetus, as in hereditary syphilis.

Acquired syphilis is thus an acute infectious disease having, like the exanthemata, a certain period of incubation, but differs from them in being also a chronic infectious disease, if I may use the term, in that the affection may be transmitted by a vital secretion, as in hereditary syphilis, long after the acute, local process has disappeared. Fortunately, however, such a large proportion of syphilitic patients, after a long enough course of treatment and a considerable length of time has elapsed without the re-appearance of specific symptoms, have brought healthy children into the world, as to warrant the belief that syphilis is a curable disease.

We have thus observed that in hereditary syphilis a point of initial infection is absent; that the virus was brought originally by a syphilitic spermatozoid or ovum; but it also frequently happens that we are unable by the history, our sight and other senses, to point to the initial lesion, though the secondary symptoms of recent invasion be present, and it is relative to such cases that we wish to devote this article.

It is necessary to inquire into the reasons why we may not suspect or find the initial lesion, and, in the absence thereof, into the many skin diseases and acute exanthemata with which the eruptions of secondary syphilis may be confounded.

Among the circumstances which are liable to throw us off guard in acquired syphilis are: extreme youth, not forgetting, however, the possibility of infantile infection through syphilitic nurses; before the age of puberty, or the time when the sexual instinct awakens; the refined and social connections of the patient, though, it must be remembered, that syphilis is found in the palace as well as the hovel, and that former infection is often transmitted

through the nuptial bed; cases in which a former attack has not served as a protection against re-infection, though this is exceptional; and in extreme old age, when sexual desires are, as a rule, lessened.

To include all the ways of possible infection, either direct from another person or indirectly by means of an inanimate carrier, would, of course, be impossible; but in the voluminous literature on the subject numerous cases are on record where the initial lesion appeared on the most unusual and unsought-for places, such as the nose, cheek, breast, neck, finger, cornea; through the medium of pipes, cigar-stumps, eating and drinking utensils, and the many other articles which may serve as carriers for the contagion. It is wise to have such experiences in mind when seeking for the source of doubtful cases where impure intercourse is absolutely denied.

Both the history and initial lesion are frequently denied, when they have existed, by those who desire to avoid shame and exposure, and it is a matter of grave and far-reaching importance, both as regards our treatment and prognosis, to establish the true diagnosis. The history itself may be easily concealed, but nature sometimes assists as well in destroying all palpable evidence of the point of entrance of the virus, either through an atypical development of the initial lesion or placing it in an inaccessible place, as in the urethra, rectum, on the tonsils or palate, on the cervix, and in the folds of the vagina. It may be that the erosion and infiltration are so superficial that they disappear without leaving a cicatrix, and then the patient comes to us with a florid secondary eruption, but without conclusive evidence beyond that fact of the initial lesion. Or, again, the virus may have penetrated into the lymph and blood-channels without causing destruction of or marked infiltration of the integument at the point of entrance, leaving only a small, brown-red, circumscribed papule to be recognized, which papule disappears in a short time, leaving only a brownish, non cicatricial, pigmented spot in its place. A variety, called by the French *syphilis d'emblée*, presents no recognizable changes in the integument at all at the point of infection.

Two sufficiently rare and atypical forms of the initial lesion are known as the pergament induration and the indurative or sclerotic oedema; the first, usually found on the glans

and on the inner surface of the labia majora, in the form of one or more sharply-defined, brown-red erosions, which, when taken between the fingers, give the impression of a piece of paper under the skin, or the induration may be scarcely perceptible to the touch, and which secretes a thin, watery fluid, and heals without leaving a cicatrix; the second is found on the labia majora or minora, on the prepuce or scrotum of the male, and consists of a dense, elastic swelling, either covering the erosion or is the only visible symptom of the infection which has taken place.

For infection, however, these conditions are necessary: a secretion or excretion containing the syphilitic virus, and a suitable soil for its reception and development,—usually a break in continuity of skin or mucous membrane. As Finger well says, “there is rightly a syphilis without demonstrable initial effect, but not a syphilis without initial effect.”

The initial sclerosa may occur in typical development, but owing to its anatomical position be overlooked or unsought, and when found may be mistaken for other non specific ulcers. At the present time, however, the endoscope and laryngoscope are of great utility in doubtful cases, and enable us frequently not only to locate the primary effect, but, together with other concomitant symptoms, to fix our diagnosis.

In venereal diseases the genital organs usually are the seat and source whence, through the natural method of sexual intercourse and favorable conditions on the part of the host, the virus may be transmitted, but, where perverted methods are more or less common, we may expect to find the primary lesion on the most unusual and unsought-for places, as the anus, mouth, breasts, and body. It may be that the disease is acquired in the most innocent manner, as cases where the physician has been infected through the examination of a syphilitic patient prove; or, again, the kiss may bring contagion with it.

Where two skin or mucous surfaces are in apposition and subjected to the action of friction, heat, and moisture, the surface of the initial lesion becomes eroded, more or less macerated, and presents the well known and easily-recognized moist papule; or, if proliferation of the papillary layer take place, the cauliflower growth, or broad condyloma. The initial lesion about the region of the anus very often presents this form.

It is not enough, however, that we base our diagnosis of syphilis on an ulcer with a hard wall and infiltrated base, a slightly secreting surface; or a moist papule; or an infiltrated, non-ulcerated papule; for it may be non-specific in character,—that is, the process may remain local and not be followed by constitutional involvement, as in chancroid, where the surrounding oedema and slight tissue obstruction may mask the true nature of the ulcer; or, again, it may be a beginning epithelioma, with glandular involvement and cachexia, but not secondary skin eruptions. With the above ulcer or papule, two sequelæ are necessary to establish a diagnosis of constitutional syphilis: glandular involvement and the secondary eruption.

Wherever the primary lesion be situated, the lymph-glands nearest and connected by the most direct lymph-route will be the first nidus for the syphilitic virus, and, therefore, be the largest and the soonest affected. When the sclerosa is on the penis, the inguinal glands are the most marked; when in the buccal region, the submaxillary, etc.

The secondary eruption usually occurs from eight to ten weeks after the appearance of the primary lesion, and from three to four weeks after the involvement of the nearest glands. The outbreak is concomitant with the general glandular involvement; that is, when the virus has traveled the circuit of the lymphatic system and entered the general circulation through the ductus thoracicus. Before this time I do not think we are justified in giving a diagnosis of syphilis, as frequently in non-specific ulcers the glands nearest are enlarged, but no secondary specific eruption follows. We will not here enter into the question of the abortion of syphilis and the consequent absence of secondary symptoms by early general treatment, or excision, or obstruction of the initial lesion; for then the diagnosis must always remain in doubt unless followed by tertiary manifestations. Syphilitic glandular swelling is characterized by its egg-shaped form and its soft and succulent feeling, in contrast with chronic adenitis due to other causes, in which the glands are spindle-shaped, flatter, more hard and shrunken. These peculiarities may serve of diagnostic importance to those who wish to make a diagnosis in the third or fourth week, but in connection, as we have pointed out above, with the fact of the glands nearest the initial lesion

being the earliest and most markedly affected, may serve as a guide in locating a concealed primary lesion, and by its shape, size, and consistence the probable age of the same.

About or just before the time the secondary eruption appears, we have symptoms announcing that the virus has at length been sufficiently disseminated by the 'blood-current, and of sufficient strength to affect tissue change. Of these symptoms fever seldom fails, either of the scarcely perceptible type accompanying the macular or papular eruption, to the high night temperature sinking to normal or subnormal in the morning, accompanying the pustular eruption or the throat angina. Other symptoms found in various degrees of prominence are: pains in the muscles, joints, and bones, especially at night; synovitis affecting one or more joints, which, when accompanied by swelling, exudation, and high temperature, much resembles an acute attack of poly-articular rheumatism. In rheumatism the eruption which may occur during or following the attack is hæmorrhagic in character, and mostly confined to the lower extremities, though the body and arms may be involved.

In order to recognize the secondary syphilitic skin-lesions, and especially to diagnose them from other cutaneous eruptions, without the help of either a history of infection or the primary lesion, is sometimes a matter of much difficulty and requires a thorough knowledge of the nature of the exanthem not only as such, but of the nature of the whole disease, as well as a knowledge of those diseases for which it may be mistaken, and their symptoms. We will, therefore, review the characteristics of the secondary cutaneous lesions, show how they may resemble the lesions of the various dermatoses, and then conclude with a few practical and suggestive thoughts for guidance in doubtful or suspected cases of syphilis.

The secondary syphilitic eruption may be distinctively macular, papular, or pustular in character, or the three forms occur together, one of them, however, usually predominating. This polymorphous arrangement of lesions may be of great or of no diagnostic importance at all, for it is simply a degree of pathological development the basis of which is in syphilis, an inflammation of the coats of the blood-vessels, and a cell-infiltration of the surrounding tissue; while we may find it just

as well marked in cases of scabies, where the cause is the burrowing of an animal parasite. Another important characteristic of the early secondary eruptions is that they appear first and in greatest number over the abdomen, chest, and back, and later, and less in number, on the extremities of the body.

The later secondary eruptions, or recidive forms, are quite different in their location, the morphological arrangement of the lesions, and are frequently the only manifestations of the disease after six or twelve months have elapsed. They are usually situated on the extremities, especially about the joints, or the margins of the hair, anus, palmar and plantar surfaces, and have a decided tendency to group or arrange themselves into circles and semicircles.

In brief, then, the points to be remembered, in a general survey of the secondary eruptions, are: the different primary eruptions, their polymorphous and symmetrical arrangement, and the peculiar copper- or ham-colored hue due to the amount and age of the underlying infiltration.

The macular syphilide or roseola is the most common of the secondary eruptions. It usually occurs most numerous distributed over the trunk, with the long axis of the lesion parallel with the lines of the skin. The lesions vary from the size of a bean to a two-cent piece, are light, later darker red, flat or slightly raised above the surface, and disappear on pressure. In between the lesions the skin is often of a peculiar dirty, yellowish hue,—a point especially noticed by Wilson and the older dermatologists.

In typhoid fever, small, light red macules or papules appear, on the seventh or ninth day, over the chest or abdomen. They are more or less grouped, disappear in five or six days, but may remit with a relapse of the fever. The characteristic temperature-chart, diarrhoea, and intestinal symptoms, with the small, light red, grouped spots over the abdomen, disappearing after five or six days, should prevent so serious an error. The other acute exanthemata are characterized by their early appearance, short duration, and the non-polymorphous arrangement of the lesions. The acute or toxic erythemata occur with greatest intensity on the extremities, while the syphilitic macular eruption is most marked on the trunk, the lesions lessening in number on the limbs; the erythematous spots are larger, manifest a tendency

to coalesce, and invade large and contiguous areas, while the specific eruptions remain discrete. Urticaria syphilitica, so called when the macules are large and raised above the surface, is distinguished from urticaria vulgaris by the evanescent character of the latter, together with its often marked itching and lighter color. The bed-bug, flea, or mosquito may cause a similar eruption over the trunk and limbs. When there is atrophy of the skin or loss of pigment, or the condition known as cutis marmorata, the surrounding tissues may appear red and macular, or darker and pigmented by contrast. The small, specific, pigmentary deposits occurring in the skin at the back of the neck and shoulders, as quite frequently happens in women, may resemble pityriasis versicolor. But in the latter the color is more yellowish, the macules tend to spread and coalesce and cover large areas, are situated lower on the back and chest, and the vegetable parasite may be found in the scales, which are easily scraped from the surface. In herpes tonsurans maculosus, or ringworm of the body, the itching, fine white scales in the centre of the macule, and the general course and development of the eruption should serve as guides for differential diagnosis.

The secondary papular syphilide may occur as small, pin head sized, closely distributed papules, covering the trunk and extremities, known as the lichen or miliary syphilide; as pea-sized, dark brown papules, more or less closely placed over the general surface, known as the lenticular syphilide; as round infiltrations from the size of a silver quarter to a silver dollar and larger, which present in the centre yellowish-white, closely-adherent scales, known as the large papulo squamous syphilide. This last form, together with the tubercular syphilide, is quite rare at the beginning of the cutaneous eruptions. It most often occurs as a recidive, but sometimes we find it accompanied by the lenticular form. It may remain stationary, the centre become paler and thinner; the periphery dark, infiltrated, raised, wall-like, and covered with yellowish-white scales; or, where there are two or more plaques in the neighborhood, two contiguous segments may coalesce, obliterate their common wall, and form one large circular or serpiginous plaque. This may at first glance resemble psoriasis, lupus, or ringworm.

From the small red dots on a surface of

uniform scarlet hue occurring with fever and angina, from the little papules about the hair-follicles due to a collection of epidermis, the lichen syphiliticus has little in common and should not be confounded with them; but from lichen scrofulosum, lichen ruber planus, and eczema papulatum, where sometimes there is a decided cachexia, the diagnosis may, especially in the first, present many difficulties. In lichen scrofulosum the papules are all of the same size and are principally found in groups, covering the chest and back, the face and extremities being seldom affected. In syphilis we may find large lenticular papules mixed with the smaller; the trunk is more generally and evenly covered; often the face and extremities may be markedly affected. In lichen scrofulosum the cervical glands are enlarged and, what is less known, sometimes the general glandular system; but the enlargement dates from infancy or early youth, before the period of sexual activity, breaks down and leaves its well-known knotty, centrally-deep depressed scars, and is accompanied by scrofulous catarrh of the nose, lids, conjunctivæ, and skin. The general color may be dirty yellowish in both diseases. In lichen syphiliticus, when the white, adherent scales are removed, we may find slight infiltration below, but when there are lenticular papules present the infiltration is constant and well defined.

In those affected by a scrofulous or lymphatic diathesis, the glands of the skin often are irritable, break down and suppurate, and such affections as acne of the face and body, acne cachecticorum, ecthyma, and scrofuloderma are quite common. When found in connection with swollen glands, anæmia, general cachexia, and most often in the period of early youth or adolescence, the diagnosis should present no difficulty.

Lichen ruber acuminatus (Hebra), when occurring as an acute general eruption, may in the beginning simulate a miliary papular syphilide; but the papules are smaller, conical, and closer together, and the tendency to approximate until the whole surface is red, rough, infiltrated, and covered with white scales illustrates an entirely different picture in its development. Lichen ruber planus from the beginning manifests a tendency to occur *en plaque*; the papules are slightly umbilicated, are flat, and have a peculiar waxy appearance.

Papular eczema, prurigo, scabies, and all the itching dermatoses, whether due to a parasite or not, are readily distinguished from syphilis by the secondary symptoms of infiltration, —crusts, scales, rhagades, etc., due to mechanical injury by scratching, and the consequent appearance of blood and serum on the surface.

When the syphilitic papules are large, confluent, covered with whitish adherent scales, situated *en plaque* on the extensor surfaces or about the joints, the resemblance to psoriasis vulgaris is often most marked. This form usually occurs later in the course of the disease, as secondary recidive, when we usually find scattered over the general surface the discrete and unmistakable syphilitic papules, or, as a later tertiary form, when it usually occurs isolated about the joints or on the palms and soles. The differential diagnosis between psoriasis and syphilis is easily made when the pathological conditions governing each disease are remembered. In syphilis the infiltration is well marked, extends darker in color beyond the margin of the patch, and, when the overlying scales are removed, presents a hard, non-eroded, infiltrated surface, but when removed in a case of psoriasis the hypertrophied papillæ are lacerated and blood oozes from the broken apices.

Many syphilographers describe a vesicular form of the secondary syphilitic eruption. This is exceedingly transitory, however, and only represents a stage in the development of what afterward is the acme of the pathological process, namely, the pustule. In quite a large experience in the general and special hospitals at home and abroad, where many of these cases are brought under observation, I never remember having seen a case of pure, vesicular, secondary eruption that persisted as such, or that many of the lesions were not at the time undergoing a purulent transformation. In nearly all cases we find this polymorphous arrangement of the lesions, and it forms one of the prominent characteristics of the disease to find, with the papules or other secondary lesions, papulo-pustules, maculo-papules, vesico-pustules, papulo squamous, or any of the many other combinations of form and lesion which designate the type.

For purposes of differential diagnosis it is well to remember varicella in connection with the vesicular syphilide. Zeissl has described a form which he calls "varicella syphilitica

adulorum disseminata," which name tells its own tale in everything but its being a *rara avis*. In syphilis the development of the vesicle is slower, usually from a papule, often mixed or followed by pustules; while in variella the lesion begins and ends as a vesicle, is more inflammatory in character, and is found always in childhood or early youth.

The pustular form of the secondary lesion, as has been pointed out above, represents the height of the pathological process, the stages being macule, papule, vesicle, and pustule. It, however, may be that from the beginning of the skin-syphilis pustules are presented, and then these changes have followed each other in such rapid succession as practically to be simultaneous. Like in the papular form, we distinguish three varieties,—the small pustular, or acne syphiliticus; the middle-sized type, or variola syphilitica, and the large pustular, represented by the impetigo, ecthyma, or rupia syphilitica.

Though both acne vulgaris and acne syphilitica invade the regions rich in sebaceous glands, as the forehead, face, chest, and back, the diagnosis should present no difficulties when the following points are considered: Simple acne usually begins about puberty, without fever or great constitutional disturbance; acne syphilitica may occur at any period in life, and usually with more or less general disturbance. In simple acne we find comedones; the lesions are of all sizes, occur singly, are sluggish, their bases are inflamed, the inflammation extending to the follicular and perifollicular structures; while in acne syphilitica the process is not so deep, is more rapid, and the base is infiltrated and of a distinct coppery or ham color.

The diagnosis of variola for a pustular syphilide and *vice versa* has been one of not altogether unfrequent occurrence, and, therefore, deserves the most careful attention. It is in such a case where, through absence of history and of the initial lesion, the diagnosis is one of most serious moment, when the contagious nature and epidemic influence of variola is considered. Variola is ushered in by violent constitutional disturbance,—chills, vomiting, pain in back and limbs, fever (103° to 104° F.), and full, strong pulse. On the third day about the cheeks and forehead are papules which feel like shot under the skin. The fifth day they are changed into vesicles, which become umbilicated and are surrounded by a red inflam-

matory areola. About the eighth day their contents become purulent, and the fever, which has gone down after the outbreak of the papules, now goes up higher than ever,— 105° to 106° F. When called during the stage of papulation the diagnosis may be impossible without a history, as the papules of syphilis on the face or forehead often feel just like shot under the skin. If seen during the stage of vesiculation or pustulation the diagnosis is easier. In variola the red, inflammatory zone or areola is markedly different from the dark, coppery infiltration surrounding the syphilitic pustule. In syphilis we do not find the orderly transformation from papule to vesicle and then to pustule at more or less stated intervals of time, as in variola, which is not thus truly polymorphous, the lesions all undergoing the same development at the same time. Finally, the general symptoms being considered, the special cases taken into account, if the diagnosis through want of tact be not then made, the diseases will differentiate themselves in that on the tenth or twelfth day of the variola the exanthem will have run its course, and will have encrusted over the former pustules, while in the syphilitic pustular eruption they will persist longer, often over many weeks, as such.

It is often necessary to separate the other pustular syphilides from the non specific pustular affections, and to the practiced eye it is of slight difficulty; for the combined effects of location, color, and almost apparent infiltration give an impression that is pathognomonic. There is often, however, a striking resemblance between impetigo vulgaris, or, when affecting the bearded portions of the face, of sycosis, and impetigo syphilitica. In impetigo the lesions are surrounded by a lighter inflammatory areola; the crusts are lighter in color, more adherent, and less indolent than in the specific variety. While sycosis only affects the beard, the lesions of syphilis most always also are found on the hairy scalp; sycosis is deeper, more furuncular in character, and is not followed by permanent alopecia. As regards the confounding of ecthyma vulgaris with the large pustular and rupial syphilides, it may be said that the latter are later manifestations, occurring between the secondary and tertiary periods, except in those cases known as precocious syphilis, where the lesions from the beginning show their malignancy by the deep and extensive areas involved.

True ecthyma is most often found in children or youthful adults, occurring on the extremities, is more furuncular in character, not surrounded by a well marked infiltration-wall, and is not covered with as heavy, dark crusts. The dark, oyster-shell-like stratifications of the rupial crust, surrounded by a red, infiltrated areola, is so characteristic as to be pathognomonic of syphilis.

When the secondary eruption occurs on the mucous membranes lining the mouth, throat, urethra, and anus it is subjected to the modifications in appearance due to the different anatomical construction of the tissue and the increased bodily heat and moisture. This applies also to the lesions of the various non-specific dermatoses, but, for the purposes of diagnosis, it is often uncertain and should be supplemented by the lesions found on the general surface, when such exist. The specific secondary eruptions usually appear first on the trunk, and the membranes are simultaneously or later affected; while cases are on record of pemphigus and some of the infective exanthemata beginning first on the mucous membrane lining the mouth and throat.

I have been led to review the above diagnoses for the benefit of the general practitioner, though it may seem as if they were differential diagnoses pertaining more especially to the department of dermatology. The diagnosis of syphilis is one usually easily and correctly made by the general practitioner; but when a patient presents himself without the classical initial lesion, and denies or conceals a history of possible infection, the doctor is thrown back on what is often very delicate ground and must make his diagnosis objectively from what he sees on the skin and mucous membranes. To know what to look for, where and how to find it, and then, by combining the scattered evidences, to say "syphilis" is easy or difficult, according to the peculiarities of the case. The greatest skill and experience will sometimes be baffled, especially by the later manifestations of the disease or by some obscure general or local symptom or symptoms. Time is often an excellent solvent of difficulties. What is known as the therapeutic test is often applied. Mercury and iodine—especially the former—have long been recognized as the specific remedies for this specific disease,—*ergo*, in a doubtful case, when they are exhibited and the case improves or is cured, it

was "syphilis." This seems reason, but iodine, in the form of the iodides of potassium or sodium, either given alone or mixed with a small portion of mercury, will often be of marked benefit to those suffering with a gouty or rheumatic diathesis, and who may have psoriasis at the same time, as often is the case. Skin-eruptions, often associated with a uric-acid diathesis, as urticaria, eczema, and herpes, are benefited by the same course of treatment. In the early secondary eruptions mercury alone is the most efficacious; while in the later periods of intertertiary and tertiary syphilis, iodide of potassium, alone or combined with the mercuric corrosive chloride, acts best of the internal remedial agents. Where a history and initial lesion are given it behooves us to make a diagnosis of syphilis with care, for the lesion may not be followed by constitutional involvement, and, therefore, remain local in its effects; for it may be the initial lesion of chancroid, and the history of infection is the same.

One must here remember that the surrounding infiltration may be quite oedematous where the tissues are loose, and also what is called the "chancre mixed," where the virus of both diseases are present in the one ulcer. When the initial lesion and history are absent we must make the diagnosis with greater care, and it is often well to watch the development for a few weeks, excepting in a case where variola is suspected, when it is wise to isolate the case at once. If the disease be one of the acute exanthemata, or skin diseases, during that time it will have reached its highest stage of development and be on the decline; while the specific eruptions will be more sluggish and be re-enforced by fresh crops from time to time.

Bacteriology has, thus far, been of no practical service in the solution of doubtful cases. Even in undoubted cases of syphilis, and at the point of entry, or the initial lesion, the bacilli, first described by Lustgarten in 1884, have been found with such difficulty and in such few numbers as to cast doubt as to their being the true etiological factor. This may be due to imperfect staining and decolorizing methods; but until better and simpler are discovered, and the bacilli thus found more constantly and in greater abundance, the microscope will not be, as in phthisis, an important bedside diagnostician.

ELECTROTHERAPY AS A MEANS OF DIAGNOSIS IN GYNÆCOLOGY.

By DR. G. APOSTOLI,

PARIS.

DR. APOSTOLI, after a long and thorough trial of his method, has come to the following general conclusions:—

1. The faradic current of tension (generated by the coil of long and fine wire) applied to the uterine cavity, according to the rules established by Dr. Apostoli in 1883, relieves, for a longer or shorter time, all ovarian pain of nervous or hysterical origin; but remains powerless, or nearly so, in cases of ovarian pain caused by inflammatory lesion of the periuterine tissue or of the appendages.

2. The same faradic current is therefore useful in diagnosis, inasmuch as it helps us to distinguish the nature of so-called ovarian pain and to determine rapidly the differential diagnosis between hysterical and inflammatory ovarian pain. Where the two kinds of pain exist in the same patient we are helped to understand their nature by the fact that the one is relieved and the other is not.

3. If, then, the curative effect of the faradic current clear up or rectify a doubtful diagnosis, it protects us at the same time from undertaking a useless operation.

On the other hand, if the same faradic current prove ineffective, the lesion being inflammatory, we are led to resort to a supplementary galvanic treatment or to a surgical operation sooner or later.

4. The constant galvanic current, applied to the uterine cavity in doses gradually increasing from 50 to 120 milliampères, according to the rules published by Dr. Apostoli in 1884, and bearing in mind the individual susceptibility and tolerance, will be almost always supported without much pain during the *stance*, and without febrile reaction afterward, if the parts adjacent to the uterus are free from inflammation.

Simple cystic, periuterine tumors, which are neither inflamed nor suppurating (such as ovarian cysts and hydrosalpinx), may also show perfect tolerance of the galvanic current.

The galvanic current is also sometimes perfectly supported by cases in which the uterus is surrounded by old inflammatory products or exudations no longer pathogenic.

5. There are three classes of cases which should be considered as exceptions to the preceding rule, for they bear the galvanic current more or less badly, though they do not necessarily produce much febrile reaction after the *stance*.

They are: (a) certain forms of hysteria; (b) fibrocystic tumors of the uterus; (c) enteritis with false membrane. It is generally easy to diagnose these cases of intolerance.

6. All acute periuterine inflammation (of the pelvic cellular tissues, of the peritoneum, and especially of the appendages) will cause the galvanic current to be badly borne when it passes 40 or 50 milliampères, and will cause intolerable pain and febrile reaction when carried beyond this intensity.

7. The intolerance for the galvanic current is generally proportionate to the extent and gravity of the lesions referred to, and increases with the intensity of the current employed, especially when it passes 40 or 50 milliampères.

8. All inflammation of the appendages which is curable (symptomatically at least) without radical operation will bear the galvanic current better and better, and there will be a corresponding improvement of the prominent symptoms, such as pain and hæmorrhages.

The intolerance noted at the beginning progressively disappears.

9. All grave inflammatory lesions of the appendages, and notably all suppurative processes which are incurable (even symptomatically) by conservative means, show the same intolerance from the beginning to the end of the treatment which was noticed at first, and which is apt to increase instead of diminish if the treatment is continued.

10. Thus, the simple study of the tolerance or intolerance of the intra-uterine galvanic treatment, and especially of the post-operative pain and fever occurring on the evening of or the day following the treatment, enables us to make the diagnosis. It also, in four or five *stances*, given twice weekly, informs us of the condition of the appendages, of their possible inflammation and its degree, and in this way it lessens the number of laparotomies and exploratory incisions.

11. The same study of the so-called galvanic reactions also informs us rapidly (in five to ten *stances*) of the curability of these inflammatory lesions which the electric current has demon-

strated, and in consequence of this it tells us in one case to abstain from operation, while in another it shows an operation to be urgent.

12. *En résumé*, gynæcological electro-therapeutics, carefully, methodically, and patiently applied, instead of being opposed to the marvelous progress of surgery, comes to its aid.

Independently, in fact, of the great therapeutic service which it renders every day, electricity serves as a touch-stone; it assists us in diagnosis, and thus directly serves the interests of surgery, in one case showing an operation to be useless and dangerous, in another that its necessity is urgent.

Thus, many laparotomies, so-called exploratory incisions, and mutilations practiced without due deliberation for the relief of rebellious ovarian pain or for lesions of the appendages of uncertain nature, should be, from this time forth, delayed or formally proscribed until all the resources of faradic sedation, on the one hand, and of the intra uterine galvanic effect, on the other, have been tried. Experience has abundantly proved these currents to be innocuous, if given with necessary aseptic precautions.

ABSTRACTS.

NÆVIFORM SUDORIPAROUS TUMORS.

At the Second French Congress of Internal Medicine MM. Villard and Faviot, of Lyons, drew attention to certain tumors of the skin, having the appearance and clinical characters of nœvi materni, but which, histologically, are sudoriparous adenomata with a corresponding development of the vessels. The vessels of the tumors, excessively numerous and dilated, present on cross-section a double epithelial layer, the sudoriparous tubules being disposed around them as a centre. The wall of the vessels is generally reduced to the endothelium and a thin layer of connective tissue; sometimes the presence of blood alone reveals the nature of the circular canal, which appears surrounded on all sides by epithelial cells. It appears, therefore, that the lax connective tissue of the adventitia of the vessels has served as a route of extension to the tumor, and, as to the parallel telangiectasis, it may be explained by the excess of local nutrition caused by the neoplasm.

Certain clinical characters may, according

to the authors, occasion the histological character of these tumors to be suspected:—

1. The less vascularity of these nœvi is shown by an incomplete reductibility, the absence of large vessels at the periphery, the ready disappearance of color upon slight pressure, and the absence of hæmorrhage at the time of incision.

2. The sensation of a persistent tumor notwithstanding that an energetic compression has driven the blood from the vessels, after ablation of the growth.

3. Extension manifests itself either locally or at a distance upon other regions of the integument. The title of nœviform sudoriparous tumors is proposed. Their recognition is important, as they demand radical treatment by incision. All other methods of treatment serve only to irritate the growth.—*La Médecine Moderne*.

RHYTHMICAL MUSCULAR SPASMS IN URÆMIA.

At the same meeting M. André Moussous described two cases of Bright's disease accompanied by secondary cardiac lesions. One patient was a woman 33 years of age, and the second was a man of 59. The course of the disease, which terminated fatally, was marked by the gravity, variety, and long duration of uræmic accidents.

At an advanced period rhythmical spasms of the abdominal muscles were observed. The spasms could be seen during several consecutive months. At times they ceased only to reappear. The will of the patients had no power to stop them, nor were they influenced by medication. They presented the alternations of exacerbation and improvement common to various uræmic manifestations.

M. Moussous offered reasons which prevented him from looking upon these muscular spasms as tic and which seemed to favor as little the theory of hysteria. He was disposed to think himself warranted in regarding the phenomena as of uræmic origin. He wished to call attention to the facts at a time when the part performed by auto-intoxications in different disorders of the nervous system was the question of the day.—*La Médecine Moderne*.

DYSPHAGIA IN TYPHOID FEVER.

This was the subject of a communication of M. Vergely to the congress. The speaker

said that the frequency of this complication in typhoid fever cannot be exactly determined. In certain epidemics it is rather common, while in others it is very rarely observed. Louis had witnessed it in five cases. According to the inquiry made by M. Vergely it was rare in the epidemics which had devastated Gironde.

The forms of dysphagia may be divided into three groups: The first includes difficult deglutition on account of mechanical impediments produced by bucco-pharyngeal mucus. The second group consists of reflex dysphagia due to a neighboring lesion. In the third variety the difficulty in swallowing is of nervous origin and may be divided into two kinds: in the first there is dysphagia by reason of paralysis of the pharynx dependent upon cortical, bulbar, or peripheral lesions; in the second the difficulty is purely spasmodic and associated with a slight latent and pre-existent hysteria, or to an hysteria or neurasthenia provoked by the typhoid fever.

The period of the malady during which the spasm is manifested, the alternation of bulbar symptoms connected with respiration and circulation, and of serious nervous symptoms allows us to refer the dysphagia to its true cause. Nevertheless, it may be remembered that, in some exceptional cases, dysphagia is the sole nervous symptom of the disease and the prelude to serious nervous disturbances during convalescence. Treatment appears to have but little influence upon the dysphagia.—*La Médecine Moderne*.

FEMORAL HERPES ZOSTER IN A CASE OF CANCER OF THE WOMB.

Before the same body M. Carrière, of Bordeaux, remarked that nervous disorders in cancer, though well known from the studies of Oppenheim, Klippel, and Auché, frequently assume rare forms, among which may be placed herpes zoster. His patient, who was 45 years of age, presented herself, in August of 1894, with all the symptoms of an inoperable cancer of the womb. In May, 1895, she was seized with extremely severe pain in the region supplied by the left ilio-inguinal nerve. Several days later there appeared, upon a line stretching from the spinous process of the second lumbar vertebra to the great trochanter and from that point to twenty centimetres (nearly eight inches) above the patella, a typical eruption of

zona with complete anaesthesia of the affected parts and hyperaesthesia of the intervening healthy skin. A month afterward the patient died. The nerves were all healthy with the exception of the left ilio-inguinal, which presented advanced lesions of interstitial neuritis. The spinal cord was absolutely intact. The diseased nerves exhibited no trace of the carcinomatous infiltration described by Colomati. As the nerve was neither included within the neoplasm nor compressed by enlarged cancerous glands, the condition must have been a peripheral neuritis due to the direct and local action of the toxins of cancer and of which the zona was the principal manifestation.—*La Médecine Moderne*.

URÆMIC METRITIS.

At the same congress at which the foregoing papers were read M. Martin du Magny, of Bordeaux, said that, from three cases which he had observed, it would seem that a special form of metritis may develop in the course of uræmia. It is marked by a discharge, variable as regards abundance and color, very irritating to the parts with which it comes in contact, and having an odor which might be mistaken for that of cancer. The uterus appears slightly increased in size and softened in certain places. Upon direct examination the cervix is seen to be red, large, and having upon its lips small projections of different sizes, resembling those of epithelioma. All the manifestations disappear as the uræmia is relieved.—*La Médecine Moderne*.

PARALYSIS DUE TO CHLOROFORM.

M. Vautrin read a communication on this subject before the Academy of Medicine of Nancy. He described three cases which he had encountered of paralysis consecutive to the administration of chloroform (two of paralysis of the shoulder, one of facial paralysis). The patients had undergone operations, respectively, for papilloma of the tongue, hydrocele, and tumor of the breast. The author referred to similar observations recently published in Germany by Budinger. These cases demonstrate the frequency of paralysis of the brachial plexus and their coincidence with various ocular troubles subsequent to chloroformization. After discussion of the symptoms, the author regarded several points as

established. Paralysis may occur after the use of chloroform, localized, most often, in the arms. Again, the accidents may be peripheral and mechanical, but, in a certain number of cases, are of central origin. When limited to a particular muscular group, it is almost certainly of peripheral origin. In central paralysis concomitant phenomena relative to the cranial nerves and lower limbs are generally observed. The ocular symptoms—contraction of the palpebral fissure, myosis, retraction of the eyeball—are allied to the peripheral palsies, produced by compression and distension of the brachial plexus, followed by influence upon the sympathetic.—*La Médecine Moderne*.

GUMMA OF THE TONSIL.

Dr. T. della Vedova reports two cases which he had observed. In one case an ulcerated gumma was seated on each tonsil, the patient being a man 27 years of age. The second patient was a man of 40 years, who had an ulcerated gumma upon the left tonsil. In both cases a cure was rapidly obtained by gargles and paintings with corrosive sublimate and an iodine treatment, followed by a mixed course of iodine and mercury. The author closes his communication with the following conclusions: 1. syphilitic gumma of the tonsil is quite rare. 2. This tertiary manifestation of syphilis is easily distinguished from other morbid lesions of the tonsils by its typical characters. 3. The treatment by means of iodine should be begun early, in order to avoid the grave complications of the ulcerated form.—*Revue de Laryngologie*, etc.

HYDATID CYSTS OF LUNG OPENING INTO THE PLEURA.

At the Second French Congress of Internal Medicine, M. Troquart, of Bordeaux, said: "Hydatid cysts of the lung may be divided into central and peripheral. The first kind is rather frequent, and terminates generally in a pulmonary cavity. Of them I shall not here speak. The second variety, much more rare, develops in the vicinity of the pleura, and puts that cavity into communication with an ulcerated bronchus, giving rise to the signs of hydro pneumothorax. I have collected eighteen cases of this form, one of which occurred in my own practice. The patient was a young man who had for several years been subject to

hæmoptysis of unknown origin, and who was one day suddenly attacked by atrocious pain through the whole left side of the chest, with orthopnoea. All the signs of hydropneumothorax were present. There was empyema on the twentieth day. A large quantity of fetid pus was discharged, and a vast cystic pouch remained. Antiseptic irrigations were continued for two months, at which time the cavity measured twenty-five centimetres (nearly ten inches) in all directions. It seemed too large to permit the operation of Estlander. A month later the cavity closed spontaneously and cure was perfect.

"From the symptomatological point of view I conclude that in an apparently healthy subject, complaining of frequent spitting of blood, and no sign of tuberculosis being present, if a sudden and severe pain occur in the side, together with extreme dyspnoea and immediate signs of hydropneumothorax, the rupture of a pulmonary hydatid cyst into the pleura should be suspected. Punctures are justifiable only as a means of diagnosis or a palliative measure. The only rational method of treatment is by establishing an empyema. From the 18 cases 7 were non-empyemas and all terminated in death. The 11 cases operated upon gave 6 cures and 5 deaths. Most of the fatal cases could not be attributed to operation. Empyema is, therefore, necessary. The opening should be large in order to permit the ready issue of pieces of membrane and early in order that the patient shall not risk infection.

"Abundant antiseptic irrigation of the pleura, sometimes dangerous on account of the presence of a pleuro-bronchial fistula, are, in general, useful. There should be free drainage in order to provide for the easy evacuation of pus. The attempt to prevent entrance of air into the pleura by aid of a tube siphon is illusory. Spontaneous cure takes place more often than in purulent pleurisy without secondary resection of a rib. The rupture of hydatid cysts into the pleura does not constitute such a serious accident as has been thought, if the condition is recognized in time and treated in the manner indicated."—*La Médecine Moderne*.

A CASE OF VIOLENT SYPHILIS CURED BY INGESTION OF THE THYROID GLAND

Gouladse saw a patient, 25 years of age, the subject of syphilis of the severest form. Ulcers had destroyed the alæ of the nose and the

upper part of the left ear. The general condition was very bad. He was given the thyroid gland of the cow, finely chopped and taken with bread, salt, and butter.

From the fifth day a considerable amelioration was perceived. The weight of the body increased, the ulcers cleaned and soon completely healed. Five months after the beginning of treatment the patient was perfectly cured. The anatomical lesions of the ear and nose remained as before. The dose of 2 grammes (about 30 grains) was progressively increased each time by the same amount, so that, at the end of some time, the patient was taking 14 grammes ($3\frac{1}{2}$ drachms) at a dose. Every second day the treatment was interrupted for twenty-four hours.

How does the thyroid gland act in such a case? To this query the author gives no reply.—*La Médecine Moderne*.

INTESTINAL PARALYSIS AFTER LAPAROTOMY.

At the Second Congress of Swedish and Norwegian Surgeons, held at Christiania, M. Engström read an interesting communication upon this subject. His case is of particular value inasmuch as it seems to settle the question of the causes of the death in which this paralysis almost always terminates, and which has been attributed by some writers to an intestinal intoxication resulting from the paralysis, and by others to an hyperacute septicaemia.

The case observed by M. Engström was that of a woman, 37 years of age, in whom ovariectomy had been performed on account of a sarcoma of the right ovary. In the course of the operation the sanguinolent fluid within the peritoneum was sponged, by which procedure the intestinal loops and the peritoneum were several times submitted to a mechanical irritation.

On the evening following the operation the patient was suddenly attacked by vomiting. On the succeeding day this symptom continued, the abdomen was swollen, the pulse became small and feeble. The situation was aggravated on the following days by the appearance of signs of intestinal obstruction, and on the fifth day after the operation the patient succumbed, half an hour after a second laparotomy, which showed the absence of any obstacle to the passage of faecal matters. The bacteriological examination of the peritoneum and its contents, made with rigorous pre-

cautions an hour after death, gave results entirely negative. A complete autopsy, made five hours later, demonstrated the absence within the peritoneum of any septic infection.—*La Tribune Médicale*.

TREATMENT OF THE HÆMOPTYSIS OF WHOOPING COUGH.

Dr. Baratiers, of Jeugny, conceived the idea of combating these sometimes alarming accidents by means of inhalations of bromoform. This is a new manner of administering the drug, and, according to the writer, gives excellent results. He thus describes his experience: "In a recent epidemic of whooping-cough, among one hundred and twenty-seven cases I met with several examples of pulmonary hæmorrhage. As a therapeutic method I successfully employed an alcoholic solution of bromoform (1 to 1000). This formyl tri-bromide, diluted with alcohol, is an energetic antiseptic as well as an active anæsthetic. It, therefore, has a remarkable effect upon the bronchial tubes.

"The inhalations of bromoform have had for a result not only the almost sudden cessation of hæmorrhage, but also a decided arrest of the progress of the whooping cough. They were practiced several hours after the primary hæmorrhage for five minutes every two hours for the period of two days. In eleven cases of hæmorrhage from the lungs treated at the same time and by the same method during this epidemic I obtained nine immediate cures. I noted that in the remaining two cases, where the treatment had not been followed very regularly, the hæmorrhage and the course of the malady were not influenced.

"The inhalations were given in the following manner: About a glassful of the alcoholic solution of bromoform, previously warmed to about 50° C. (122° F.), is poured upon a plate. The child bends over the plate and slowly and regularly inhales for five or six minutes the vapors given off from the liquid. It may happen that the first inspirations give rise to an attack of convulsive cough and a more abundant expectoration of blood, but this effect is only momentary, for, by its anæsthetic property, it produces a local obliteration of the blood-vessels. The inhalations, as I have said, were given, on an average, once in every two hours.

"It is also a good practice to vaporize the

same solution in the sick-room of the patient, both on account of the child and the possible contagion to other children. By this means in eight cases there was not one of contagion.

"I never witnessed, in consequence of this treatment, any congestion of the lungs. We may, therefore, conclude that the use of an alcoholic solution of bromoform has great advantages in promptly arresting hæmorrhage from the lungs in whooping-cough. . . . It is, moreover, an easy method. Although the quantity of bromoform may seem small it may not, perhaps, be wrong to attribute a part of the effect to the alcohol, and this approaches to the practice suggested by Malassez, who advised frequent sprinkling of the bed of the little patients with camphorated alcohol, which will thus be inhaled."—*La Médecine Moderne*.

THERAPEUTIC NOTES.

TREATMENT OF CHAPPED HANDS.

The following formula is in use in Germany:—

R Menthol, ...	gr. x.
Olive-oil, ...	gtt. xx.
Salol, ...	gr. xx.
Lanolin, ...	ʒiiss.

M. Sig.: To be applied to the affected parts twice a day.—*Atlanta Medical and Surgical Journal*.

PERMANENT CREASOTE PILLS.

To the long list of creasote pill-masses Schreiber adds the following, in which the author claims that the creasote is so firmly bound that not a trace will exude:—

R Creasote, ...	6 grms.
Dry egg-albumen, . . .	3 grms.
Water, ...	10 drops.

After shaking together add—

Liquorice-root,	
Liquorice-extract, . . .	ʒi q. s.

M. Sig.: Make six pills.—*Druggists' Circular*.

CHRONIC RHEUMATISM.

R Sodii arsenat., ...	gr. iss.
Strontii iodid., ...	ʒiiss.
Aq. destill., ...	ʒix.

M. Sig.: Tablespoonful with each meal (during twenty days of the month).—*La Tribune Médicale*.

MYALGIA.

R Camphorated-oil, . . .	ʒiiij.
Ammonia-water, . . .	ʒiiss.
Ext. hyoscyamus, . . .	
Ext. opium, ...	ʒss.
Essence of thyme, . . .	gtt. v.

M. Sig.: Liniment. For external use.—*La Tribune Médicale*.

TYPHOID FEVER IN CHILDREN.

Dr. Adolph Koenig, of Pittsburgh, in the *Journal of the American Medical Association*, gives the following prescription:—

R Guaiacolis, ...	fʒj.
Glycerini, ...	fʒj.
Alcoholis, ...	fʒij.

M. Sig.: One to six drops in whisky and water every two hours, according to the age of the patient.

This treatment is continued throughout the course of the disease, the dose of the guaiacolis being increased or decreased according to the severity of the symptoms. The whisky is given in small quantities.

PAINFUL DYSPEPSIA.

R Chloral, ...	ʒss-j.
Sodii hyposulphitis, . . .	ʒi-ij.
Aq. menth. pip., q. s. ad	fʒij.

M. Sig.: A teaspoonful after meals.—*Gail-lard's Medical Journal*.

LOCAL APPLICATIONS OF HEAT TO THE LUMBAR REGION IN THE TREATMENT OF ECLAMPSIA.

Dr. A. de Goubarew, Professor of Obstetrics and Gynæcology at the Medical Faculty of Dorpat-Yurieff, has found that, in cases of eclampsia in women, the application to the lumbar region of a large rubber bag filled with hot water produces excellent results. Under this treatment diuresis rapidly increases, while the albuminuria decreases, and general improvement sets in, which is soon followed by recovery. The accessory measures employed in these cases were hypodermatic injections of morphine; chloral enemata; warm, moist wraps; rubbing with a mixture of salt, vinegar, and alcohol; purgatives; and, lastly, milk in abundance.—*Medical Review*.

HYSTERICAL APHONIA.

Michelson states that hysterical aphonia can often be cured by the following procedure: After certain preparations calculated to impress the patient with the idea that something very serious is to be done, the physician suddenly

thrusts his forefinger behind the soft palate, to the farther end of the naso pharyngeal cavity, as if it were his intention to search for adenoid vegetations. The manœuvre usually results in a reflex cry, of which advantage is immediately taken to order the patient to count in a loud voice. The patient, as a rule, complies, and should then continue counting in going home, after leaving the consultation room. In this manner the aphonia may be instantaneously cured. The treatment sometimes fails, particularly in apathetic or deceitful hysterical patients, and when the manœuvre has previously been employed for the same purpose.—*Medical Standard.*

DISEASES OF THE ANUS.

Eczema.

In a paper in the Practitioner, Dr. D. H. Goodsall says that in eczema the following is a good remedy when the surface is inflamed and cracked :—

R Pulv. zinci ox., . . . gr. lx.
 Lin. camphoræ, . . . 3j.
 Lin. calcis, . . . 3vj.—M.

When the surface has become dry, the following powder will, in many cases, if the cause of the eczema has been removed, complete the cure of the patient :—

R Pulv. zinci ox.,
 Pulv. gum. camphoræ, aa gr. lx.
 Pulv. amyli, . . . 3j.

Oedematous Skin.

When oedematous skin is caused by internal piles they should, if possible, be immediately returned into the rectum, and the following lotion should be constantly applied until the cedema has disappeared :—

R Liq. plumbi subacetatis, . 3ss.
 Sp. vini rect.,
 Glycerini, . . . aa 3j.
 Aquæ rosæ, . . . 3xij.—M.

Syphilis.

Mucous tubercles cause itching of the anus during the day-time and a burning pain at night, coming on when the patient is asleep, and disturbing his rest. They are sometimes painful for a few minutes after an action of the bowels, and the part may bleed when the motions are firm. The following powder, if carefully and regularly applied, is very useful :—

R Hyd. subchloridi, . . 3j.
 Pulv. gum. camphoræ, . 3j.
 Pulv. amyli, . . . 3iv.—M.

URINARY SYMPTOMS IN GYNÆCOLOGICAL CASES.

In a paper on the above subject, in the Philadelphia Polyclinic, Dr. Homer C. Bloom says :—

“When constipation co-exists with vesical tenesmus nothing does so much good in my hands as the following :—

“R Magnesium sulphate, . . 2 oz.
 Sodium bicarbonate, . . ½ oz.
 Tincture of belladonna, . . 1 fl. dr.
 Infusion of buchu, . . 6 fl. oz.

Dose: A tablespoonful every sixth hour in a wineglassful of water.

“There is one other prescription which I would call your attention to, that is of signal benefit in those cases in which the urine is of high specific gravity, acid, and loaded with urates or solids. It is one suggested by Dr. J. M. Da Costa :—

“R Lithium carbonate, . . 96 grs.
 Extract of nux vomica, . . 8 grs.

Mix and make 32 capsules.

Dose: One capsule four times a day.”

TRISMUS NEONATORUM.

From his favorable experience in one case, reported in the Philadelphia Polyclinic, Dr. John W. Marcy, of Merchantville, N. J., is disposed to think well of solanum carolinense in the treatment of this disease. He writes : “The treatment was first a dose of castor-oil, which moved the bowels freely, then, as the kidneys did not perform their part, minute doses of pilocarpine hydrochlorate. For the spasmodic condition I gave tincture of solanum carolinense, and pushed it to narcosis. I began with about 7 drops every three hours, then gave it every two hours, then increased to 15 drops every two or three hours, as was necessary to produce sleep, with instructions to stop the remedy when the child slept. The child would sleep two or three hours, then awaken, and some milk fresh from the mother would be poured in its mouth. We kept the child asleep in this manner until the spasm relaxed. When relaxation did take place it was from above downward. First, in the jaws and neck, then the hands and arms, then the abdominal muscles, hips, knees, etc. I believe that, given a good tincture of solanum,

intelligent nursing, and good hygiene, many more children might be saved."

HÆMORRHOIDS.

Dr. T. J. Bennett approves of the following ointment:—

R Bismuth subgallate, . . . 60 grs.
Europhen, ... 20 grs.
Vaselin, ... 1 oz.

M. ft. ung.

Sig.: Apply well two or three times a day.—
American Practitioner and News.

FOR ACUTE PAIN, RHEUMATIC AND OTHERWISE.

Dr. W. R. Cisna, of Chicago, Ills., recommends in the Medical Summary the following combination:—

R Bisulphide of carbon, . . . 1 oz.
Absolute alcohol, ... 3 oz.
Menthol, ... 1 dr.

Wet some absorbent cotton with this solution and hold tightly to the skin or part where the pain is; at first a cold sensation will be experienced by the patient, but after a minute or more the part underneath the cotton will begin to feel warmer and gradually get so hot that the cotton will have to be withdrawn. It should not be used on the eyes or on mucous surfaces, only on the unbroken skin.

CHLOROSIS.

R Ferri et potass. tart., . . . gr. iss.
Pulv. rhei, ... gr. iss.
Ext. cinchon., ...
Ext. gentian., ... āā gr. ¼.

M. ft. pil. no. j.

Sig.: One such pill at each meal.

Or,

R Ferri lactat., ... ʒiiss.
Ext. gentian., ...
Ext. rhei, ... āā ʒi¼.
M. et ft. pil. no. c.

In lymphatic subjects:—

R Ferri iodid., ... ʒiiss.
Ferri arseniat., ... gr. iss.
Excipient., ... q. s.

M. et ft. pil. no. c.

If amenorrhœa is present the patient should be given a capsule of 20 centigrammes (about 3 grains) of apolin morning and evening. In event of menorrhagia:—

R Ferri citrat., ... gr. ii¼.
Pulv. ergotæ., ... gr. iss.
M. ft. pil. no. j

In grave cases keep the patient in bed and inject hypodermatically every day 2 cubic centimetres (ʒss) of the following preparation:—

R Ferri et sodii pyrophosphat., ʒj.
Sodii chlorid., ... ʒiiss.
Aq. destillat., ... ʒiij.—M.

—*La Tribune Médicale.*

SCROFULA.

In winter:—

R Codliver-oil, ... ʒix.
Lime-water,
Syrup of glycerophosphate
of calcium, ... āā ʒiij.
Essence of mint, ... gtt. v.

M. Sig.: Tablespoonful daily.

In summer:—

R Syrup of iodide of iron,
Syrup of glycerophosphate
of calcium, ... āā ʒviiij.
Hyposulphite of sodium, . . ʒiiss.
Alcoholature of orange-peel, ʒi¼.

M. Sig.: Tablespoonful daily.

—*La Tribune Médicale.*

CHLORIDENE AS A SURGICAL ANÆSTHETIC.

MM. Soulier and Briare, of Lyons, call attention to chloridene (ethylidene bichloride) as an efficient anæsthetic. It overcomes consciousness more rapidly than chloroform, and in a small dose, and causes little or no agitation. It is scarcely toxic. Its vapors are less irritant to the pituitary membrane than those of chloroform. It is superior to ether in being less suffocating and causing less excitement. Chloridene is superior to both chloroform and ether in that the patient recovers more rapidly from its effects.—*La Médecine Moderne.*

MIGRAINE.

R Butyl-chloral hydrat., . . gr. xv.
Tinct. gelsem. semper., . . ʒxxx.
Tinct. cannabis Ind., . . . ʒxv.
Glycerin., ... ʒss.
Aquam, ... q. s. ad ʒiij.

M. Sig.: A third part to be taken at once. The dose to be repeated in half an hour.—
Practitioner.

BROMIDE OF LITHIUM IN PARENCHYMATOUS NEPHRITIS.

Dr. K. V. Polakoff says that he tried bromide of lithium in 22 cases of acute (13) and chronic (9) parenchymatous nephritis. The remedy was always administered after this formula:—

R Lithii bromati, ... ʒj-3ss.
 Sodii bicarbonici, ... ʒj.
 Olei menthæ piperitæ, ... gtt. ij.
 Aquæ destillatæ, ... ʒviij.

M. Sig.: A tablespoonful three or four times a day.—*Provincial Medical Journal*.

DYSPEPSIA.

Dr. James K. Crook, in the Post-Graduate, says that the following formula, proposed by Professor Bagoë, is very valuable in dyspeptic states:—

R Creasote,
 Ol. carni, ... ʒʒ ʒxxxij.
 Sod. bicarb., ... ʒij.
 Sp. ammon. aromat., ... ʒss.
 Tr. rhei, ... ʒj.
 Aquæ menth. pip., q. s. ad ʒiv.

M. Sig.: A teaspoonful in half-tumbler of water half an hour before each meal. Shake well before using.

DIARRHŒA.

In infantile diarrhœa Dr. Rousseau Saint-Philippe has obtained good results from

R Antipyrin, ... gr. viij.
 Syr. simpl.,
 Aquæ, ... ʒʒ ʒiss.

M. Sig.: A teaspoonful every two hours, a few minutes before putting to the breast.—*El Siglo Médico*.

THE TREATMENT OF VENEREAL AFFECTIONS.

In its therapeutical action euophen appears identical with iodoform, except that, in some instances, it has shown itself superior to the latter, and its agreeable, faint, saffron like odor contrasts most favorably with the horrible stench of its congener. For these reasons euophen has been warmly recommended by many authorities in those affections in which iodoform has been previously employed. Its chief field of usefulness, however, is the domain of venereal diseases, syphilis and chancroid, in which it gives better results than any other remedy. In cases of chancroid it produces rapid cleansing and healing of the sore, and is best applied in a mixture with equal parts of boracic acid or in the following: euophen, 5 parts; boric acid, 10 parts. Aside from the prompt cicatrization secured from its use, in these cases, it almost immediately relieves the pains and thereby greatly contributes to the comfort of the patient. In the treatment of the initial lesion of syphilis and of secondary or tertiary ulcerations euophen

is also particularly indicated, and has proved superior both to iodoform and other topical applications.

OZÆNA.

The odor may be overcome, according to Lermayez, by intra-nasal pulverizations of

R Vaseline. liquid., ... ʒj.
 Essent. geranii, ... gtt. iv.—M
 —*El Siglo Médico*.

CHLOROSALOL.

Under this name is designated a new medication, which is a salicylated derivative of chlorphenol. Two isomeric combinations are known,—orthochlorosalol and parachlorosalol. Both are finely crystalline substances, white, insoluble in water, soluble in water and ether. The ortho derivative has a rather strong odor, while the para derivative is without odor or taste. The latter is, therefore, to be preferred. Dr. Girard, of Berne, has used it with success, in the dose of 8 to 16 grains daily, in catarrhal affections of the urinary passages and in diarrhœa. It may also be applied, like salol, as a powder upon wounds. It produces no local irritation.—*La Médecine Moderne*.

BISMUTHOL.

This product, which appears to be a phospho-salicylate of sodium and bismuth, unites the antiseptic and antipyretic properties of bismuth, phosphoric acid, and salicylic acid. Its antiseptic property is energetic. It is not toxic. Its use is attended by no secondary inconveniences. It is odorless, its taste is not disagreeable, and it has no local irritant effect. Bismuthol is employed as a powder, mixed with talc, in the proportion of 1 to 2 or 1 to 5, in the form of a 10- or 20 per-cent. ointment, and in a 1- to 4 per-cent. watery solution.—*La Médecine Moderne*.

APOLYSINE.

This name has been given to a combination of citric acid and phenetidine, and closely resembles citrophene. It is comparable also to phenacetin. The sole difference between the two compounds is that in phenacetin an acetyl group is substituted for a hydrogen atom in the amido group of paraphenetidine, while in apolysine the hydrogen is replaced by a citric acid radical.

Apolysine is a yellowish-white powder, crystalline, has but a slight odor, an acid taste, is

soluble in cold water in the proportion of 1 to 50, more soluble in warm water, alcohol, and glycerin. It fuses at about 72° C. (177 6° F.). It dissolves in nitric acid by the aid of heat, and assumes a clear, yellow color. Calcined upon a thin layer of platinum, it leaves no residue. Its aqueous solution should not be rendered turbid by silver nitrate, hydrogen sulphide, or ammonium sulphhydrate.

It possesses antipyretic and analgesic properties. According to Nencki and Jaworski, it may be given in the dose of 8 to 15 grains. It acts rapidly and surely, without secondary drawbacks. Apolysine is readily absorbed, and is preferable, in this respect, to phenacetin and other compounds of the same group. It is not toxic, and may be given in high doses. —*La Médecine Moderne.*

GONORRHOEA.

In the male an injection thus composed may be used :—

℞ Ammon. ichthyol., . . . gr. xv–lxxv.
Pulv. bismuth. subnitr., . . gr. xlv.
Aq. destill., . . . ℥ij.—M.

In the female the following is injected into the urethra or used as a vaginal wash :—

℞ Ammon. ichthyol., . . . gr. lxxv–℥iiss.
Glycerin., . . . ℥iiss.
Aq. destill., . . . ℥ij —M.

—*Giornale Internaz. delle Scienze Med.*

STYPTICINE.

This substance is the hydrochlorate of cotarnine and is recommended in hæmorrhage. Gottschalk injects 20 centigrammes of a 10-per-cent. solution into the gluteal region. In severe menorrhagia he administers 25 milligrammes (about $\frac{1}{2}$ grain) five times daily, then 5 centigrammes ($\frac{1}{4}$ grain) four or five times daily in the form of capsules —*La Méd Moderne.*

[Cotarnine is obtained from narcotine by boiling the latter for a long time in water or by heating it with nitric acid, by which it is decomposed into meconin and cotarnine.—ED.]

DISSECTING WOUNDS.

In a paper read before the Medical Society of Virginia, Dr. J. McFadden Gaston, of Atlanta, Ga., said: "The indications at the outset, when there is local irritation at the point of injury, is to incise the affected part and cauterize with carbolic acid, applying to the adja-

cent area an ointment containing equal parts of the following :—

“℞ Ung. hydrarg.,
Ung. iodi compos.,
Ung camph.,
Ung. bellad.

“A poultice of flaxseed-meal may cover the inflamed structures, and renewed frequently to keep up heat and moisture.”

THE BRAZILIAN LANTANA AND ITS ALKALOID.

N. Lugo-Vina, of Cienfuegos, draws attention to the antimalarial properties of the Brazilian lantana, a verbenaceous plant which grows in the South American forests. It has long been esteemed as a specific in the “marsh fevers” by the inhabitants of Brazil, La Plata, Peru, under the name of “Sacred Herb.” Its introduction into scientific therapeutics about ten years since is due to Buiza, of Lima, who gave it in the first instance to two patients, the one with acute articular rheumatism, the other with typhoid fever of ataxic form, in both cases with most satisfactory results. The active principle of the herb was separated by Negrete, and named “lantanine.” Buiza says of it: “Administered the new alkaloid to thirty-two patients attacked with fevers of a different character and intensity, with the most flattering results, etc. Like quinine, it produces a moderate effect on the circulation, determining a slowness of the chemical phenomena of nutrition, and usually a diminution of temperature. In larger doses it is a powerful antiperiodic, superior to the salts of quinine, as it possesses the advantage of being tolerated even by the most delicate stomachs. Intermittent fevers, rebellious to sulphate of quinine, have yielded to the administration of 2 grammes of ‘lantanine.’ The dose is from 1 gramme to 2 grammes during the day, best given in pills of 0.10 gramme each, to take 2 every two hours. Intermittent fevers may be cut short at the onset by taking 5 pills, repeated twice or thrice at intervals of ten minutes. This treatment succeeds in eighty-five out of one hundred cases.” The author quotes favorable results obtained by others, and himself has exhibited the drugs in other indications than those furnished by Buiza. He has obtained good results in some cases of “facial neuralgia,” and in two cases of “metrorrhagia of a marked paludal character.” Five obstinate cases of intermittent fever which did not

yield to quinine or lantanine were cured by giving the two remedies either together or alternately. Three cases of intense "catarrhal fever" were successfully treated with it, in one of them in alternation with antipyrin.—*British Medical Journal*.

COCAPYRIN IN THROAT AFFECTIONS.

Cocapyrin is the name given by Avellis to a mixture of antipyrin and cocaine in the proportion of 2 grammes of the former (30 grains) to 2 centigrammes ($\frac{1}{5}$ grain) of the latter. The combination exalts the analgesic effect of the two components. It is administered in the form of pastilles each containing 20 centigrammes (about 3 grains) of antipyrin and 2 milligrammes (about $\frac{1}{5}$ grain) of cocaine, three or four being taken daily and allowed to dissolve slowly in the mouth.

These pastilles act favorably in dry pharyngitis, allaying the pain and provoking free salivation. They are equally beneficial in the pain of acute tonsillitis and that following operations. Employed in this dose, neither antipyrin nor cocaine has any deleterious influence.—*La Médecine Moderne*.

OIL OF CAJEPUT IN PNEUMONIA.

George Foy writes that during the recent epidemic of influenza he used oil of cajeput as a diffusible stimulant in several cases of asthenic pneumonia occurring after that disease.

In cajeput the author thinks we have a remedy particularly suited for cases of asthenic pneumonia. He claims that as a cardiac stimulant it is as powerful and as quick in action as alcohol or ether, and, like them, relieves the heart by dilating the systemic arterioles; but that, unlike them, it does not diminish the sensitiveness of the respiratory centre.—*American Medico Surgical Bulletin*.

ERUPTIONS CAUSED BY DECOMPOSITION OF INTESTINAL CONTENTS, AND THEIR TREATMENT.

Singer states that the amount of indican in the urine is an index as to the activity of the putrefactive processes in the contents of the bowels. An important point to note is that a group of dermatoses appear and disappear in direct relation with the decomposition of the chyme. In six cases of acute and chronic urticaria Singer found that hydrochloric acid

was entirely lacking. The administration of this acid in the form of medicine cured the skin disease. Many cases of acne vulgaris and senile pruritus yielded only to intestinal antiseptics. Menthol was commended as the best remedy, since it is not only an antiseptic and tonic, but also increases peristalsis. It was given as follows:—

℞ Menthol, ... gr. iss.
Oil of sweet almonds, . . . ℥v.

Make 1 capsule. Take 6 to 10 capsules daily.

Cases of scarlatiniform eruption, oedema, and ecchymosis were at times benefited by this treatment. Copious antiseptic enemata are often serviceable, usually those containing boric acid and tannin. The best agents to take by the mouth are calomel and the earthy and alkaline sulphites. The application and powers of the former drug are well known.

The sulphites are non-irritating and extremely efficient, given in the form of sodium and magnesium sulphite, $1\frac{1}{2}$ to 2 drachms in a pint of water, taken in divided dose, or as a powder, 5 to 8 grains.—*Canadian Practitioner*.

SALT AS A SOLVENT FOR IODINE.

It is customary to make use of potassium iodide in dissolving iodine in alcohol or water. Muller prefers, at least for external use, sodium chloride. To obtain a local action in the pharynx, for example, it suffices to add 0.5 to 1 per cent. of salt to water containing iodine. In pharyngeal diphtheria he prescribes:—

℞ Tr. iodi, ... ℥xv-xxx.
Sodii chlorid., . . . 3ss.
Aq. destill., . . . 3vj.

M. Sig.: Apply locally every two or three hours.—*La Médecine Moderne*.

BALSAMS IN EYE DISEASES.

M. G. Norsa has used, in the treatment of certain diseases of the eye, the balsams of Peru and Tolu made into ointments in the proportion of 1 to 3 per cent. He has employed these preparations in ciliary blepharitis, superficial keratitis, corneal opacities, phlyctenular kerato-conjunctivitis, superficial ulcerations of the cornea, deep corneal ulcers with iritis, kerato-hypopyon, etc. He finds the above ointments well borne, antiphlogistic, and antiseptic, and promotes cicatrization of the cornea.—*La Médecine Moderne*.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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HYSTERICAL LACHRYMATION.

UPON the subject of lachrymation as it may occur in hysteria we find an interesting communication in a recent number of one of our French exchanges.* The author, Dr. Emile Berger, after premising that the manifestation may be due either to hypersecretion or to mechanical obstruction to escape of the tears, points out the fact that, until very lately, little study had been given to the first class of cases. At the present time, according to the most recent works, the following forms of hypersecretory lachrymation may be distinguished: those caused by the presence of foreign bodies and affections of the conjunctiva, cornea, iris, and ciliary body; by trigeminal neuralgia; by dental affections which involve irritation of the trigeminal branches; by disease of the nasal fossæ and its communicating sinuses other than obstructive; by affections of the naso-pharynx, tonsils, and pharynx; by some affections of the prostate, of the womb, and by pregnancy; by hysteria, locomotor ataxia, exophthalmic goitre, and certain intoxications (as pilocarpine and, perhaps, arsenic). The same manifestation may take place in neurasthenia. Dr. Berger is of the opinion that all the so-called reflex ocular troubles depend upon irritation of branches of the fifth nerve. As regards those which depend upon the condition of the womb and pregnancy, he attributes them to a previously latent hysteria and looks upon those associated with prostatic disease as evidence of the neurasthenia by which it is usually accompanied.

Little is found in medical literature relative to lachrymation in hysteria. In many treatises

it is not even mentioned, and in others it is noted as of extremely rare occurrence. The writer is, nevertheless, convinced that there are numerous cases of lachrymation, rebellious to all treatment, in which surgical intervention has even been invoked, which should be recognized as of hysterical origin, the manifestation being merely the most marked and most troublesome sign of the neurosis. In support of his view Dr. Berger briefly narrates the clinical histories of six cases in which an hypersecretion of tears was more or less constant in hysterical women and was the most prominent symptom of the disease. He has met with many similar cases, but believes that those which he cites are sufficient to enable him to construct the clinical scheme of the disorder.

Hysterical lachrymation may develop at any period, and is seen in mild as well as in severe cases. Its appearance may be preceded by a diminution of lachrymal secretion. It may continue for months or years and may exhibit intermittent fluctuations of amelioration or aggravation. Many cases of lachrymal hypersecretion described in connection with other maladies are, according to the belief of the author, in reality evidences of hysteria. As regards frequency he classes hysterical hypersecretion as third in order, the most frequent being those caused by affections of the globe and conjunctiva and those dependent upon maladies of the nose and its sinuosity being second.

In most cases lachrymation due to hysteria is unilateral; when it is bilateral it is much more marked upon one side than upon the other. It is generally found, or at least is most abundant, upon the side on which the field of vision is most contracted. There may also often be demonstrated, upon the side of the hypersecretion, anæsthesia of the conjunctiva and diminution of the corneal sensibility. The same statement holds good concerning troubles of accommodation. Exceptions, however, to these rules exist. The contraction of the field of vision may occur on the opposite side to the lachrymation.

From the pathological point of view hysterical lachrymation is in most cases no more than an hypersecretion of the lachrymal gland, analo-

* "Du larmoiement hystérique," par le Dr. Emile Berger, in *Le Progrès Médical*, October 5, 1895.

gous to the other neuroses of secretion observed in the same malady, as polyuria, hyperidrosis, etc. It is possible that spasmodic contraction of the striated fibres surrounding the lachrymal canals may play a part in producing the phenomenon. Seggel, of Munich, has, in fact, met with a case in which lachrymation was provoked by a spasm of the orbicularis palpebrarum.

The mere recognition of hysteria in a patient does not suffice to prove that the lachrymation is of hysterical origin. An overflow of tears which diminishes in the street or when the individual is engaged in some favorite occupation, and increases when she is at home or fatigued, should always be suspected as hysterical. Another symptom possesses a certain diagnostic value. A patient, from whose eye tears were more or less constantly welling, affirmed that she was not able to weep when she was agitated by emotion. The alternation of hypersecretion with dryness of the conjunctiva speaks strongly in favor of hysteria. Dryness of the conjunctiva is rather frequent in hysterical subjects. Though the secretion may be diminished, it is never completely suppressed.

The treatment of this form of hypersecretion is closely dependent upon that addressed to the hysterical state in general. In some cases Dr. Berger states that he obtained good results from hypnotism and also from suggestion without the aid of hypnotism. No medication is of any avail unless the physician has conquered the confidence of the patient. In respect to treatment little has been gained since, in 1875, Lannelongue wrote in *Dechambre's Dictionary* that, "if epiphora depend upon hysteria or hypochondria, tonics and antispasmodics should be given." Sounding the lachrymal duct sometimes has a good effect, either by relaxing spasm of surrounding muscular fibres or, possibly, by acting as a sort of suggestion. When the lachrymal secretion is diminished in hysteria the installation of a sterilized physiological solution of sodium chloride into the conjunctival sac is very serviceable, as it is also in the same condition accompanying exophthalmic goitre and typhoid fever.

HYSTERICAL HEMIPLEGIA.

It is not so many years ago that hysteria was thought to be almost exclusively restricted to the female sex, but more exact study has shown that it often affects males, and not only those of effeminate type, but of sturdy frame and muscular vigor. In illustration of this statement, Professor Debove brought before his class,* at the Hôpital Andral, a robust man, 35 years of age, who had been subject, till his fifth year, to almost daily convulsive attacks. These spasms were probably of hysterical origin. This view, also, would have seemed preposterous a few years ago, when the existence of infantile hysteria was scarcely suspected, but which is now believed to explain a great many convulsive seizures in children.

The patient contracted syphilis in 1869, and from 1869 to 1875, while serving in Africa, he suffered from a series of attacks of intermittent fever, one of the last of which was accompanied by jaundice. They were renewed upon his return to France, each year in the spring. In 1891—a memorable year in his history—he experienced two attacks. Upon the fourth or fifth day of convalescence from the last illness, upon attempting to rise from bed in the morning, he fell unconscious. When, in a short time, he came to himself, the right arm and leg were tremulous and semi-paralyzed. At the end of six weeks these manifestations departed within the space of a few days, leaving no trace behind, but have reappeared each year under identical conditions, with the same duration, same characters, and same mode of termination. These accidents might all plausibly be attributed to the influence of malaria, but this idea was rejected by the lecturer. It is not certain that paludal hemiplegia exists. Many cases were, indeed, classed in that category at a time when it was not recognized that hysteria might enter, as a complication, into the course of an intoxication or an infectious disease. On the other hand, a disease which develops with such rapidity and disappears almost as quickly cannot depend upon a material lesion of the brain.

* "Hémiplégie Hystérique," par M. le Professeur Debove, in *La Médecine Moderne*, October 2, 1895.

The present attack had occurred eleven days prior to the lecture, and under the circumstances already recounted. In studying the case it was seen that the patient's gait was very different from that of ordinary hemiplegia. He walks straightforwardly, bending his knee, —a peculiarity characteristic of hysteria, and which warrants a diagnosis by a glance. The same weakness is observed in the upper limb, shown especially in the pressure of the hand, which is much weaker than upon the left side. Neither does the paralysis involve the corresponding half of the face. Charcot long ago remarked the absence, in such cases, of facial paralysis. In addition to the hemiparesis the patient displayed another, also unilateral, motor symptom,—viz., tremor. Nothing is so variable as the form which tremor assumes in hysteria. In the case described there was a rapid tremor with slight oscillations, easy to analyze when the hand was extended horizontally, in the attitude of attestation. It was very similar to alcoholic tremor, but, although the patient was addicted to drink, may be separated from the latter by reason of its unilateral character. The only influence which alcohol might have in its causation is by calling out an hysterical taint, which would render the tremor an hysterotoxic accident. Contrary to the paralysis, the tremor equally affects the face, although it only occurs in association with voluntary movements.

With these motor troubles, themselves so significant, were associated sensitive and sensorial derangements expressive of hysteria. There was total hemianæsthesia of the right side for pain and the sensation of heat, but incomplete in regard to tactile sensibility. There consequently existed a certain dissociation of sensibility. This fact dispelled all doubt as to the hysterical nature of the paralysis and tremor. There are, it is true, certain cerebral lesions, as of the posterior third of the internal capsule, which have been shown to be capable of producing similar sensitive disorders, but cases of the kind are extremely rare. Hemianæsthesia is a sign almost pathognomonic of hysteria, long ago known, since it is mentioned in the writings of the Middle Ages among the stigmata of possession by the

devil. One of its characteristics is that of being suddenly arrested along a line mathematically dividing the two halves of the body and accompanied by paralysis of the organs of sense of the right side. The bitterest substances of the *materia medica* may be placed upon the tongue without exciting any sensation. The same insensibility to odors obtains in one of the nostrils. The right ear can perceive the tick of the watch only for an inch or two. The eye, however, is only partially involved. There was no disorder of the color-sense, but there was contraction of the visual field, particularly upon the right side. Another curious fact, and peculiar to hysteria, was that the patient had no knowledge of these aberrations of sensibility and they were only revealed by medical examination.

Two main facts stand out in the history of this case: the attacks in infancy, probably of hysterical character, and the influence of malaria as an exciting cause.

DEATH OF PASTEUR.

IN the death of Louis Pasteur the scientific world has lost one of its greatest leaders. The life work of this man constitutes an era in science. It is not only by his own purely personal achievements, magnificent though they are, that he will be celebrated to all future ages, but also because the chief results of his researches have served as points of departure for various investigators in different directions. Much of the scientific work of the last thirty years has received its impulse from Pasteur. His studies of fermentation and silk-worm disease revolutionized scientific conceptions and, at the same time, have been of immense practical benefit to industrial enterprise. His demonstration of the bacterial origin of infection has been most fertile in beneficial consequences. On the one hand it led to Sir Joseph Lister's successful course of experiment relative to the infection of wounds, and by the development of antiseptic and aseptic surgery has been of incalculable service to the human race. On the other hand, the wonderful development of bacteriology, the study of toxins and antitoxins, of acquired immunity and

prophylactic inoculations, all derived from the same source, have enlarged our knowledge of disease and bid fair to inaugurate new and valuable therapeutic methods in the future. This expansion of the field of knowledge, this circle of beneficent successes cover Pasteur with glory and honor and entitle him to the gratitude of mankind.

Louis Pasteur was a devoted student of nature. His highest object was not success or fame, but the discovery of truth. To this object his powers of mind were strictly devoted. The man was as great as the student. His habits of life were extremely simple and unaffected. Notwithstanding his brilliant achievements, his modesty was a strong personal characteristic. "This is not a triumph for me," said he upon one occasion, in reply to congratulations, "but for my method. In such questions the man disappears, the scientific result remains." The career of such a man is, in the highest degree, instructive and full of encouragement. Born in a comparatively humble station, his simple fidelity to truth raised him to an eminence which commanded the respect of the world. To all who were privileged to come in contact with this noble character his death will be felt as a personal loss as well as a loss to science.

AXIOMS SELECTED FROM THE "BOOK ON THE PHYSICIAN HIMSELF."*

By ITS AUTHOR, D. W. CATHELL, M.D.

SOLICITATIONS TO PRODUCE ABORTION.

When you are importuned to produce abortion, on the plea of hiding from the world the yet-undiscovered guilt and saving the poor girl's character, or preventing her sister's heart from being broken, or her father from discovering her misfortune and committing murder or suicide, or him who has taken criminal advantage of her from being (*sic*) disgraced, or to avert the shame that would fall on the family, or the church scandal about one of the weak brethren; or, in cases where there is no previous guilt, to limit the number of children for married people who already have as many as they want, or who are just married and do not want the inconvenience of them so soon, or to accommodate ladies who assert that they are too sickly to have children, or that

their sucking child is too young to be weaned, or that they have been pregnant only a short time, or to avoid other anticipated evils, etc., etc., even though it be only the size of a mustard seed, you should not stop to discuss the subject lengthily with a "h'm" and a "haw," but should meet all such entreaties and solicitations with a refusal prompt, strong, and positive, and never let yourself appear to entertain the proposition. If they are too importunate, express your sentiments in unmistakable language, and with plain, American frankness, bow them out, but remember that these are terrible secrets, and seal your lips doubly tight.

It is always safe to do right, and never safe to do wrong. How could any one but an idiot, or an unprincipled man, be induced to stain his hands and his heart by committing a crimson crime; to violate both his moral conscience and the criminal law; to risk exposure, social disgrace, and professional ruin for himself and family, and even the penitentiary itself by taking the guilty burden from others' shoulders to his own, thereby putting himself in their sinful power, whether as a favor or for a paltry bribe, or even for all the gold of California!

Evil rumors fly rapidly. The production of a very few criminal abortions (sometimes even a single one) will surely go from tongue to tongue, and give the dampfool physician who stoops to commit them a wide-spread notoriety as infamous and as tenacious as the Bloody Shirt of Nessus. Take care

"That the immaculate whiteness of your fame
Shall ne'er be sullied with one taint or spot."

A single misstep from the heights of integrity may wreck one's whole life.

When circumstances render it necessary for you to prescribe for females with suspended menses, where pregnancy is possibly or probably the cause, it is better, instead of giving a Latinized prescription, to order some simple thing, such as hop-tea, tincture of valerian, or wine of iron, under its common English name, with full written instructions how to take it. By thus avoiding all secrecy regarding the nature of the remedies prescribed, you will avert the suspicion or, may be, a charge of giving abortifacients.

To give a woman who applies for an abortifacient an inert agent would, to say the least, be unwise; it is better plainly to refuse to give her anything, whether a pretended or real remedy.

The charge or suspicion of criminal abortion is much more apt to be brought when the woman is single than when she is married.

"The physician must, like the diplomatist, tread softly."

You must give a cautious, a very cautious opinion, if any, in cases of unmarried females whose menses have ceased and pregnancy is

* From the Tenth Edition, 343 Pages. The F. A. Davis Company, Philadelphia. \$2.00.

feared, or as to whether an apparent pregnancy is real, especially in a case where the suspected girl, after everybody else has left the room, strenuously denies having had carnal intercourse. Many will not confess the truth while a third person is present. Erroneously to pronounce an honest, virtuous woman pregnant may blast the whole future life, honor, and innocence of one who was provided with a shield of virtue and clothed in the mantle of purity,—

"A soul as white as heaven,"—

and call down maledictions on you; if, on the other hand, and on insufficient evidence, you too quickly declare her "not pregnant," or that it is "the dropsy," or "a tumor," it might seriously injure you; but this mistake would bear no comparison to the former, or to the injury you might inflict on an innocent person by an inconsiderate and fallacious opinion. In every instance, therefore, in which the slightest reasonable doubt exists, temporize or suspend your opinion for weeks, or even months if need be, till positively certain that it is "a kicking tumor," by hearing the foetal heart-beat or feeling the fluttering of the child within the uterus, or some other unequivocal sign.

Should you ever encounter a case in which you believe the destruction of the unborn child is (for physical reasons) necessary to save the mother's life, do not consent to do it secretly, but only after regular consultation with some other physician of well-known probity.

MEDICAL NEWS AND MISCELLANY.

REMOVAL.—Dr. Benjamin T. Shimwell has removed to 1633 Christian Street, Philadelphia.

The metric system will become the sole legal system of weights and measures in Mexico on and after September 16, 1896.

The Fifth Congress of the German Dermatological Society was held in Graz from September 23d to September 25th.

AMERICAN CLIMATOLOGICAL ASSOCIATION.—The next annual meeting of this association will take place at Lakewood, N. J., in May, 1896, under the presidency of Dr. James B. Walker.

The American Public Health Association has elected Dr. Eduardo Liceaga, of Mexico, Mex., president of the association for the ensuing year. The next meeting will be held in Buffalo, N. Y.

RECEPTION TO DR. WILLIAM H. WELCH—A reception was given by the Philadelphia Medical Club to Dr. William H. Welch, of Johns Hopkins Hospital, at the Hotel Bellevue on October 16th.

THE annual meeting of the Lehigh Valley Railroad Surgeons was held at Bethlehem, October 8th, under the presidency of Dr. S. W. Trimmer, of White Haven. Papers were read by Drs. Hall and Hollister.

MINNESOTA ACADEMY OF MEDICINE.—At the recent annual meeting the following officers were elected for the ensuing year: President, A. E. Senkler, St. Paul; Vice-President, W. A. Jones, Minneapolis; Secretary, R. O. Beard, Minneapolis.

NEW ORLEANS POLYCLINIC.—The New Orleans Polyclinic, which for the past several years has been affording post-graduate medical facilities to students and physicians, has sold its old quarters on Canal Street, and in the course of a few days will begin the construction of a new building at the corner of Common and Liberty Streets.

CLEANSING RUSTY INSTRUMENTS.—Brodie gives the following as an effective method of cleansing rusty instruments: Fill a suitable vessel with a saturated solution of chloride of tin in distilled water, immerse the rusty instruments and let them remain over night. Rub dry with chamois after rinsing in running water, and they will be of a bright silvery whiteness.—*Druggists' Circular.*

DR. LANDAU'S METHOD.—Professor Parvin, in a letter from Berlin, published in the Medical and Surgical Reporter, says: "In his operations he always uses ether (chloroform is the anæsthetic generally employed in Berlin), but immediately that the operation is ended the patient inhales oxygen for a few minutes, and the consequence is that there are no unpleasant after-effects of the anæsthetic, such as vomiting or headache. I know this, not only from the statements of Dr. Landau, but from several of the patients themselves."

JOURNALISTIC CHANGE.—We learn from a private letter from Dr. Dolan, of Halifax, Eng., that the Provincial Medical Journal is to be discontinued at the end of the year. Dr. Dolan had made that periodical of exceeding value to the profession on both sides of the Atlantic. We are pleased to be able to announce that Dr. Dolan is not to be lost to medical journalism. It is his intention to bring out a journal of similar character, entitled *The Scalpel*. We have no doubt that the publication will be a success. It should prove a valuable medium to American advertisers.

"WILD POLICLINICS."—The Berlin correspondent of the British Medical Journal says: "The Berlin medical societies have taken up the question of the so-called 'wild policlinics,'—institutes under the direction of private physicians that are cropping up all over the city, and where

patients rich and poor can have medical attendance for nothing. It has been calculated that about 300,000 cases a year are treated gratuitously, and it is alleged that a large percentage of these are well-to-do people, fully able to pay. Of course, this represents a tremendous loss to the Berlin doctors, and it is no wonder that the medical bodies are beginning to agitate for legislation on the subject."

A NEW APPLICATION FOR MASSAGE.—Massage has apparently been tried for most things, from constipation to the improvement of the complexion, including that variety of the art so justly condemned by the British Medical Journal. Its practical application in habitual miscarriage has lately been pointed out by Dr. Malengrean. He draws attention to the fact that habitual miscarriage is often due to local induration of the uterus or cicatricial contractions of the ligaments. These conditions, he says, can often be cured by rapid pelvic massage skillfully administered. Dr. Malengrean reports one case in which a number of miscarriages had occurred in succession at the seventh month, and in which a contracted ligament was found. The contraction was overcome, the adhesions broken up as the result of fifteen treatments by massage, and the patient gave birth to a living child at the full time.—*Medical Times and Hospital Gazette*.

TOXICITY OF THE AQUEOUS PART OF THE BREATH.—Livierato investigated the toxicity of the aqueous vapor expired by healthy and by sick persons. Expired air was received and the aqueous vapor condensed in suitable apparatus; the fluid obtained was then injected into rabbits with the following results: 1. Aqueous vapor from persons suffering from diseases of the respiratory tract with fever injected into rabbits produces a fever which lasts three to six days, general torpor, and diminution of reflexes. 2. These effects are less accentuated in the case of patients who have no fever. 3. The aqueous vapor of febrile patients having no respiratory trouble causes no fever, or only very slight fever, in rabbits. 4. The vapor of healthy individuals has no appreciable effect. 5. Identical results are obtained when the liquid is sterilized.—*British Medical Journal*.

FOREIGN UNIVERSITY INTELLIGENCE.—Breslau: Dr. A. Barth, of Marburg, has been appointed Extraordinary Professor of Otology, Rhinology, and Laryngology. Budapest: The chair of Pathological Anatomy has been divided between Drs. Pertik and Genersich. Drs. Feuer, Szili, and St. Csapodi have been promoted to Extraordinary Professorships of Ophthalmology. Cracow: Drs. H. Jordan and Anton Mars have been promoted to Ordinary Professorships of Midwifery and Gynecology. Göt-

tingen: Dr. A. Cramer has been recognized as *privat-docent* in Psychiatrics. Gratz: Drs. Ebner and Bleichsteiner have been granted the honorary title of Extraordinary Professor. Innsbrück: Dr. F. Dimmer, of Vienna, has been appointed to the chair of Ophthalmology in succession to Dr. Czermak. Dr. A. Beck, of Cracow, has been appointed Extraordinary Professor of Physiology. Marburg: Dr. T. Axenfeld has been recognized as *privat-docent* in Ophthalmology. Prague (German University): Dr. J. V. Rohon has been appointed Extraordinary Professor of Histology. Vienna: Drs. A. Klein, T. Mannaberg, and F. Obermayer have been recognized as *privat-docenten* in Internal Medicine, and Dr. R. Braun von Fernwald as *privat-docent* in Midwifery and Gynecology. Würzburg: Dr. Riese has been recognized as *privat-docent* in Surgery.

HEAD WORK.—"Yes," said the stranger to the editor at the beach, as they sat on the hotel veranda sipping their lemonade and looking out upon the rolling ocean which spread away to the horizon deeply, darkly, beautifully blue, "yes, head work is very trying, and the man who earns his living by it needs a vacation occasionally."

"Yes," replied the editor, "head work is very trying. I find it so, especially when the hours are long."

"How many hours a day do you work?" queried the stranger.

"Four," said the editor.

"Heavens! I work ten."

"Head work?"

"Yes, every bit of it."

"Newspaper or general literature?"

"Neither. I'm a barber."

Then the editor shut himself up as close as the sun-umbrella which he carried.

A PATHOGENIC BACTERIAL PARASITE OF FISHES.—Sieber discusses the question of poisoning caused in man by eating certain fish. It is known that several fish secrete poisonous materials for the purpose of self-defense, and these the authoress calls "physiological." But poisoning by fish that produce no such physiological poisons is by no means uncommon, especially in Russia. Sieber investigated the cause of a fish epidemic in Nencki's laboratory at St. Petersburg. In an aquarium in the palace, where fish destined for the table had been kept during the past ten years, there occurred on a certain occasion so high a mortality that thirty fish died in two days. The bacterial investigation of the cause of this mortality was entrusted by Nencki to Sieber. From the muscle and organs of the dead and sick fish, from the surface of the aquarium, and from the exit-tubes, as also from the water in the aquarium, was found an anaërobic bacillus called by Sieber *bacillus pisci*.

cidus agilis, which is intensely poisonous for cold-blooded animals. It is a short, actively motile, sporogenous, gas-forming bacillus, which can be cultivated on the ordinary culture-media, and which grows well at 12°, or 37.5° C. It keeps its vitality and virulence for a month in ordinary spring-water. It is very virulent for frogs, guinea-pigs, mice, rabbits, and dogs, but birds are immune. From all animals, cold- as well as warm-blooded, the bacillus was regained in pure culture after death from inoculation. By filtration through a Chamberland filter a fluid was obtained which gave an intense red color with ferric perchloride. The symptoms produced in the animal by injection of the toxin are rapidity and shortness of breathing with general discomfort; larger doses lead to apathy and paralysis. The investigator separated from the cultures certain alkaloids, such as cadaverine, etc., and also another present only in small quantities, but intensely poisonous. It must be added that Sieber found the same bacillus in the evacuations of two cholera patients, and in many fish bought in the St. Petersburg market during the cholera epidemic.—*British Medical Journal*.

DR. W. H. WATHEN.—After a service of fifteen years, Dr. Wathen has, on account of press of private practice, resigned his position of Dean of the Faculty of the Kentucky School of Medicine. He continues to hold his professorship of Abdominal Surgery and Gynecology. Dr. Wathen is succeeded as dean by Dr. Woody, Professor of Chemistry and Diseases of Children.

PARÆSTHESIA OF THE EXTERNAL CUTANEOUS NERVE OF THE THIGH.—This condition is described by Lucas-Championnière. The subjects of it, who may otherwise be in good health, complain of abnormal sensations, pain of a more or less stabbing or burning character in the upper and outer part of the thigh and tensor vaginæ femoris. Either side may be affected, and in one case the condition was bilateral. There may be merely a feeling of twitching or cramp in the part. These symptoms are always most marked when the patient walks, and may even disappear completely when he is at rest, especially if in a recumbent posture. The pain and discomfort may be so great that anything touching the limb may be unbearable. The writer quotes two cases of officers in the German army who could not wear their swords on account of the pain. On examination there may be a certain degree of anæsthesia, and even some loss of sensation of heat, and in a case under the care of the author there was pain on pressure over the nerve at its point of exit from the pelvis. There are no trophic lesions and no alteration to electrical reaction. With one exception, all the cases have occurred in the male

sex. The onset seems to be insidious, and the duration varies from a few months to years. In one case there was a history of traumatism, but otherwise the etiology is very obscure. The writer points out the importance of diagnosis from hysteria and tabes dorsalis. Counter-irritation and massage have been of benefit as treatment.—*British Medical Journal*.

DEATH OF DR. COLLINS.—Dr. James Collins, a well-known physician of this city, lately died of heart disease. Dr. Collins had been ailing for some time, but the end was sudden. He was born in Pineville, Bucks County, this State, on October 20, 1830. He was graduated A.B. at Amherst College, in 1858, and M.D. at the University of Pennsylvania, in 1860. He then went abroad to pursue special studies at George August University, Göttingen, Germany. When the war broke out Dr. Collins returned to this city and was appointed surgeon of the Third Regiment, Pennsylvania Reserves, under the command of Colonel Sickels. He served in the Army of the Potomac, and in the summer of 1862 was taken prisoner with a large number of wounded under his charge, and spent three months in Libby Prison, Richmond, when he was exchanged. Subsequently, he was assistant surgeon and surgeon of United States Volunteers, and brevet lieutenant-colonel. He was executive officer at the Depot Field Hospital, City Point, Va., remaining in the service to the close of the war. He was for seven years demonstrator of surgery in the University of Pennsylvania; consulting surgeon to the German Hospital for thirteen years, and surgeon of aural department of the Philadelphia Infirmary. He was also connected for many years with the Northern Dispensary. Dr. Collins was a member of the Northern and County Medical Societies, of the Pathological Society, and fellow of the American Academy of Medicine. He was a delegate to the International Medical Congress, at Washington, D. C., and Berlin, Germany, and for many years was a member of the Examining Board of Pension Surgeons. Dr. Collins was also a member of the Military Order of the Loyal Legion, and of Meade Post No. 1, G. A. R. He has been active in educational affairs, and for over fifteen years was a school director in the Thirteenth Section. He leaves a widow, but no children. The interment took place at West Laurel Hill.

JENNER CENTENARY IN RUSSIA.—It is announced, by the Russian National Health Society, that next year it is intended to commemorate the centenary of Jenner's first experiments in a special way. It proposes (1) to offer four prizes for the best works on vaccination; (2) to collect and publish materials for a history of the practice of vaccination in Russia, and a short

history of the same in western Europe; (3) to publish a Russian translation of Jenner's works, accompanied by his biography and portrait; (4) to organize an exhibition of objects connected with vaccination, and to hold a commemorative meeting on the day of the centenary.—*British Medical Journal*.

INTOXICATION BY CHLORALOSE.—Dr. Herzen describes a case of this kind in the *Revue Médicale de la Suisse Romande*. The patient was suffering from phthisis, and 20 centigrammes of chloralose were administered. An hour later he became collapsed,—pale, unconscious, covered with sweat, and with a flickering and very rapid pulse. Every fifteen or thirty seconds he had convulsive movements of the extremities and of the muscles of mastication. Ether was administered subcutaneously, and after two hours the contractions ceased, and in four hours the patient had recovered. Dr. Herzen says that his patient was used to morphia and chloral, and the very profound effects produced by a medium dose of the drug suggest that a considerable amount of care should be used in its administration.—*Lancet*.

PROFESSOR SCHEDE, Director of the Surgical Department of the Hamburg General Hospital, has been appointed to the Chair of Surgery in the University of Bonn, in succession to Professor Trendelenburg.

THE MULTIFORM USES OF ANTIPYRIN.—This is the title of a pamphlet issued by Schulze-Berge & Koechl. The applications of antipyrin are classified under numerous heads, and an index guides the reader to the numerous uses of this drug.

RECEPTION.—The Ladies' Auxiliary to the Y. M. C. A. Branch of the Medico-Chirurgical and Philadelphia Dental Colleges gave a reception to the students in the dental operating room, Seventeenth and Cherry Streets, Friday evening, October 18th.

SHOEMAKER'S MATERIA MEDICA AND THERAPEUTICS.—The third edition of this work, published by the F. A. Davis Company, appeared October 1st. In this edition the two volumes, which were originally published separately, are brought together into one volume. The text has been revised to date, and numerous additions have been made to keep pace with the progress of discovery and clinical experience. Many new substances are described, including those which have been introduced from the vegetable world and those which we owe to the laboratory of the chemist.

DEATH OF A PROMINENT LAWYER.—Charles Watson McKeehan, a member of the Philadelphia Bar, a graduate of Dickinson College, and a man of culture and refinement, died suddenly,

some weeks ago, at his home in this city. The long and intimate association of the writer with Mr. McKeehan, and his very many acts of charity and philanthropy, are the reasons for this reference to his great and useful life.

Members of the legal and medical professions, the press, and personal friends have pointed out how well and how successful Charles Watson McKeehan filled each and every position in life, as husband, father, teacher, writer, and author.

Mr. McKeehan was deeply interested in the work of the Medico-Chirurgical Hospital, to which he had for years acted as legal adviser, giving freely of his time and skill without a thought of recompense. *Requiescat in pace*.

SHRINKING OF A GOITRE EXPOSED TO THE AIR.—M. Berard gives an account of a case of parenchymatous goitre treated by M. Jaboulay by simple exposure to the air, without displacement from its usual situation. The patient, a young man of 18, had been the subject of an enormous goitre for four years previously; the neck was much deformed, and measured forty-two centimetres in circumference. The lateral lobes were mainly affected, and there was no appearance of cysts or nodules, and no evidence of any retro-sternal prolongation. Troublesome dyspnoea appeared after any effort, but there was no exophthalmos or palpitation under ordinary circumstances. A median longitudinal incision was made down to the mass, the anterior surface of which was covered with large veins. The capsule was incised and stripped from the cortical substance of the gland, and an attempt made to dislodge it from its connections. One lobe was cleared and with difficulty withdrawn from the wound, but so severe an attack of dyspnoea resulted owing to the existence of a ring of goitrous tissue surrounding the trachea that it was quite evident that the desired treatment—*i.e.*, exothyropexy—could not be carried out in this case. The other lobe was therefore isolated from its connections by passing the finger around it, and the whole gland replaced in its original position. The wound was left open and lightly dressed, and the patient put back to bed. No dyspnoea or subsequent complication arose, and in about a month's time the circumference of the neck had diminished by nearly ten centimetres. The patient was able to walk rapidly and even to run without the slightest respiratory embarrassment. As to the explanation of this satisfactory result, the author will not venture to dogmatize. He thinks the proceeding will be useful in cases where a radical operation is impracticable, owing either to the extension of the gland around the trachea or to the existence of a retrosternal prolongation. It is absolutely simple and without danger; there is no hæmorrhage, and finally an anæsthetic is quite unnecessary.—*Practitioner*.

LAVAL UNIVERSITY.—We are in receipt of the annual catalogue of the Laval University. This flourishing institution embraces a faculty of theology, of law, of medicine, and of arts. In some departments separate faculties exist in Quebec and Montreal. The Polytechnic School of Montreal is also connected with the university. The standard in all departments is high and its graduates in medicine maintain the reputation of the school.

LA CLINIQUE, a review of medicine, surgery, etc., is a monthly journal published in Montreal under the editorship of F. X. L. de Martigny. Its pages contain much interesting material in the form of original contributions and carefully-selected reproductions from different sources. *La Clinique* is a journal which we shall always welcome to our table.

THE DIETARY OF FEVERS.—In view of the prominent part taken by albuminous substances in the diet of healthy persons, it is easy to understand how essential they are in the alimentation of the sick or weakly. It has been calculated that a person who is diseased requires at least 70 grammes of albumins per day, but, as the digestive organs are more or less impaired in conditions of disease, these albumins must be administered in such a form that they will be readily absorbed and assimilated. In the nutrition of persons suffering from severe febrile diseases, such as typhoid fever or pneumonia, a milk diet is usually recommended, but frequently a supplementary food-supply is considered necessary, while occasionally the milk must be replaced by some other albuminous aliment. For this purpose the albumoses of meat are now considered the most reliable, but until quite recently it was found impossible to obtain them in a pure form freed almost completely from admixture with peptones. This has now been accomplished in a food-product known as *Somatose*, which is eminently adapted as a nutrient in acute febrile diseases. According to Dr. Thomalla, who has thoroughly tested *Somatose* in typhoid fever, this preparation gives excellent results, not only maintaining the strength, but facilitating recovery. He justly points out that in the management of typhoid fever it is necessary to administer a food which contains in small bulk a large amount of nutritious material, but also one which is perfectly bland and will not enhance the existing gastro-intestinal irritation. He usually employed *Somatose* in connection with diluted milk, milk-soups, light bouillon, but advises that in cases of typhoid, gastritis, and gastro-enteritis attended with protracted vomiting or diarrhoea, where milk is not tolerated, the patient's strength may be maintained by *Somatose* dissolved in cold water, in which it is tasteless and odorless. In pneu-

monia and pleuritis, in which Thomalla also employed this preparation, his results were equally gratifying, and he emphasizes especially its tonic influence upon the heart-action and its general stimulating effect. In diphtheria it is his custom to administer it regularly from the beginning of the disease. Although eminently adapted for alimentation in acute diseases, the author has found *Somatose* fully as serviceable in a large number of chronic disorders, among which may be mentioned scrofulosis in its varied forms, anæmia, chlorosis, gastric ulcer, diabetes, and for the nutrition of weakly adults and children, giving it in milk, soups, tea, or coffee, or in the preparations known as *Somatose-cocoa*, *chocolate*, and *biscuit*.

HEAT CENTRES IN THALAMI.—Professor Taugl, of the Physiological Institute of Budapest, has made some experiments upon horses. He found that, when a puncture was made through a trephined opening in the skull down to the base of the brain, injury of the anterior part of the thalamus was followed by a rise of temperature of from 4° to 5° F. The instrument he used was three millimetres in thickness. This rise of temperature for several hours was then succeeded by a fall. (*Pflüger's Archiv*, 1895.) These experiments are confirmatory of those published in this journal in the July number, by Dr. Ott.

PSEUDO-CHANCRE.—In a paper read before the Section of Dermatology and Syphiligraphy at the meeting of the American Medical Association, Dr. William S. Gottheil says:—

"Re infection syphilitica does occur, but the recorded cases that are entirely trustworthy are very few indeed. Analysis shows that most of the alleged cases are open to grave doubt and that some of them are manifestly errors of diagnosis.

"The following lesions may simulate chancre: (a) artificial indurations caused by irritants applied to simple lesions; (b) nodular lymphangites, as occur in gonorrhoea; (c) scabies, where penile lesions are the rule; (d) secondary indurations at the site of the initial lesion (Fournier's pseudo-chancres); (e) secondary syphilitic papules or tubercles situated upon the genitals; (f) ulcerative gummata of the genitals; (g) epitheliomata of the genitals."

Two such cases have recently come under the author's observation. In the first one a non-specific sore was irritated with cauterizants until it exactly resembled a sclerosis, and was so diagnosticated by competent authorities. Nevertheless it healed up under local treatment alone; and until now, two years after date, no secondary symptoms have appeared. The other case was one of gumma of the penis in a subject in the tertiary stage of syphilis. The lesion re-

sembled an initial one very closely and was at first regarded as such; but a close examination showed the presence of evidences of past specific disease, and this was confirmed by the history. The entire lesion melted away under the iodide of potassium.

Conclusions: 1. There is no characteristic sign, and no characteristic combination of signs, that enables us to diagnosticate a chancre from the lesion alone. 2. Only the advent of other syphilitic symptoms enables us to form an opinion as to the presence of systemic infection. 3. Almost all the alleged cases of syphilitic reinfection are of doubtful validity, and most of them are pseudo-chancres belonging to one or other of the above varieties.

DEATH OF DR. GEORGE P. MILLER.—Dr. George P. Miller, of Middleburgh, Pa., recently passed away, in the twenty-eighth year of his age. Dr. Miller was educated in the common schools of his native township, at the Missionary Institute, Selinsgrove, taught school for three years, and was graduated in April, 1891, from the Medico-Chirurgical College of Philadelphia. He located in Middleburgh about the 1st of May of that year, and met with singular success from the start of his professional practice. In September, 1893, he was seized with a severe cold, which settled upon his lungs and eventuated in consumption. It was apparent to his family and friends that he was quite perceptibly failing in health, but, despite the earnest entreaties of his friends, he refused to quit his practice and seek medical relief until it was too late to arrest the progress of the ailment.

In September, 1894, upon the advice of Dr. J. V. Shoemaker, of Philadelphia, he went to Asheville, North Carolina, hoping to gain benefit from a residence in a high climate. He remained for eight months, and his physical appearance upon his return seemed to indicate that he had succeeded in, at least, checking further progress of the trouble, if, indeed, he had not materially gained, in many respects, as to the condition of his health.

Upon his return he spent two months at his father's home, and then went to Kane, Pennsylvania, on the top of the Allegheny Mountains, in McKean County. The air there, although very pure and entirely free from humidity, failed to afford him any marked relief, and he sank steadily.

A CASE OF EXOPHTHALMIC GOITRE, WITH MONOCULAR SYMPTOMS AND UNILATERAL THYROID HYPERTROPHY —Percy Fridenberg, M.D., of New York, reports the case of a female, aged 24 years, who, after much worry and excitement from domestic causes, developed an increase of nervous excitability with the addition of palpitation, dyspnoea, and throbbing of the vessels of

the neck. On examination decided exophthalmus of the left eye was noticed, together with marked Graefe's symptom and increase in size of the right lobe and the isthmus of the thyroid. In addition to these symptoms the patient presented a fine, fibrillary tremor in the tongue and hands, tumultuous heart-action, carotid pulsation, venous hum, radial pulse of one hundred and twenty per minute, superficial respiration, flushing and hyperidrosis, and insufficiency of the recti interni muscles of the eye. A search of the literature reveals thirteen cases of Graves's disease presenting unilateral symptoms. The right eye was affected in all cases except three. The general improvement in the condition of the patient under consideration would indicate that the crossed condition will eventually recede with no change in the limitation of the symptoms.—*International Medical Magazine*.

CHANGE OF TITLE.—The name of the Texas Sanitarian has been changed to the Texas Medical News. It is the intention of the management to make improvements in the appearance and contents of the journal during the coming year.

THE social meetings of the Alumni Association of the Philadelphia College of Pharmacy, of the series of 1895-96, were inaugurated on October 22d. Dr. Joseph McFarland, Demonstrator of Pathological Histology at the University of Pennsylvania, delivered a lecture on "The Theory of Diphtheritic Serum." Miss Frances E. Peirce, of the Mount Vernon Institute of Elocution, was present with two of her pupils, viz., Miss Marguerite Rea and Miss Annie Parker, who recited entertaining selections.

DEATH OF SURGEON-GENERAL SIR THOMAS LONGMORE.—The death of Sir Thomas Longmore, of the British army, has been recently announced. Born in 1816, he entered the service in 1843. During the Crimean War he was on duty with his regiment from the date of its first taking the field throughout the Crimean campaign of 1854-55, until the termination of the siege of Sebastopol, without being absent from his post for a single day. He, however, suffered not a little from the effects of frost-bite during these never-to-be-forgotten winters, and to the day of his death carried the memory of hardships heroically and patiently borne, the results of which were, moreover, observable in his gait. He was present at the affair of Buljanac on September 19th, at the battles of Alma and Inkerman, the battle of Balaklava, at the famous sortie on October 26th, and at the assaults of the Redan on June 18th and September 8th. For his services he received the medal with three clasps, the Turkish medal, and was made a Knight of the Fourth Class of the Legion of Honor. On the declaration of peace Mr. Longmore returned to England.

During the Crimean War his skill as an operator had attracted considerable attention, and when, in 1860, Sidney Herbert founded the Medical School, for the better instruction of the medical officers of the army, the professorship of Military Surgery was offered to him and accepted on the advice and at the express desire of Dr. Alexander, the then Director General. Endowed with excellent qualifications for the post, he filled it with much usefulness, dignity and honor, and continued to hold it for nearly thirty-one years, until the termination of the summer session of 1891, when it became clear to him that he must seek the quiet and repose which age demands. After occupying the chair of Military Surgery for twelve years, on October 19, 1872, he was promoted to the rank of Inspector- (Surgeon) General, and in the same year he was appointed to be a member of the Committee on Field Hospital Equipment. When he was placed on the retired list he was still permitted to hold his chair of Military Surgery.

His *magnum opus* was entitled "Gunshot Injuries: their History, Characteristic Features, Complications, and General Treatment," the first edition of which he produced in 1877. It is the book which, next to Parkes's "Manual of Hygiene," is best known to the officers of the military medical services. A second edition, necessitated by the changes in the firearms and projectiles of all the leading armies, has just been issued from the press. It consists of nearly 800 pages, and occupied his attention to within a few weeks of his death. Sir Thomas Longmore was the author of numerous memoirs upon military medicine.

We have endeavored to tell of the work of Sir Thomas Longmore, of the work of a man who ever trod strictly in the straight path, who did justice, and loved mercy. Of him we may truly say that no man rendered greater services to his department, nor strove more in his generation to advance its interests, to promote scientific progress, and to raise to a high standard professional military education. In conclusion, we feel we cannot do better than quote the words which Sir William Mackinnon made use of at the meeting of the Senate of the Army Medical School, held in July, 1891, when giving expression to the unanimous feeling of regret felt on Sir Thomas Longmore's retirement from public life; he said that Sir Thomas Longmore "had not only raised the reputation of the Army Medical School as well as the Medical Service of the army generally by his great works on military surgery and ambulance transport, and by his many admirable works and reports, but had achieved through the medium of these a reputation throughout Europe and America

which reflected infinite credit upon the service of which he was so bright an ornament."—*Lancet*.

AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY.—Mr. W. B. Saunders announces the publication of a work under the above title, in which new therapeutic methods are concisely described and the contributions to American and European journals are reviewed. The discussions will be comprised in a single, well-illustrated volume. The work is edited by Dr. George M. Gould, assisted by eminent American physicians and teachers.

DR. R. W. RAMSEY, of Chambersburg, Pa. was visiting in Philadelphia last month.

PROFESSOR G. F. BALDWIN, of Columbus, Ohio, visited the hospitals and medical schools of Philadelphia last month.

INTELLECTUAL DETACHMENT.—In the Nineteenth Century for July, Sir Herbert Maxwell relates the following: "The outspoken ways and caustic sayings of Dr. Jephson, of Leamington, celebrated in the forties and fifties, have furnished the kernel of many anecdotes. One day he was called on by one whom Brantome would have called *une grande dame de par le monde*, the Marchioness of ——. Having listened to a description of her malady, the oracle pronounced judgment: 'An egg and a cup of tea for breakfast, then walk for two hours; a slice of cold beef and half a glass of Madeira for luncheon, then walk again for two hours; fish (except salmon) and a cutlet or wing of fowl for dinner, with a single glass of Madeira or claret; to bed at 10 and rise at 6, etc. No carriage exercise, please.' 'But, Doctor,' she exclaimed at last, thinking he was mistaken in his visitor, 'pray do you know who I am? Do you know —ahem!—my position?' 'Perfectly, Madame,' was the reply. 'I am prescribing for an old woman with a deranged stomach.' From this it is clear that it behooved this exalted lady to cultivate detachment as the preliminary to a return to health; to regulate her life without any reference to her rank in the peerage, her station in society, or the number of carriage-horses in her stable."—*Canadian Medical Review*.

APPOINTMENT.—Dr. I. N. Bloom has been appointed Clinical Professor of Genito-Urinary Diseases in the University Medical College of Louisville. This chair was formerly filled by Dr. E. R. Palmer.

DR. A. BROTHERS, of New York, has received the award of the William F. Jenks memorial prize of five hundred dollars, under the deed of trust of Mrs. William F. Jenks, for the best essay on "Infant Mortality During Labor, and its Prevention."

PRESENTATION TO DR. HUGHLINGS JACKSON.—The opening day of the medical session of 1895 will be memorable in the history of the London Hospital Medical School. The occasion was made one of exceptional interest by the presentation of his portrait to Dr. Hughlings Jackson, together with a silver ewer and stand. The presentation was subscribed for by Dr. Jackson's medical and surgical colleagues on the staff of the London Hospital and numerous friends both at home and abroad, "in recognition of their esteem and admiration of his great services to the London Hospital and Medical College, his distinguished position in the profession, and the advances he has effected in medical science by his laborious investigation and profound insight into diseases of the nervous system." Another portrait by the same artist was presented to the medical school of the hospital.—*Lancet*.

THE Summer School of Medicine of Chicago has been incorporated under the name of the Illinois Medical College.

IN honor of M. Pasteur the Paris Municipal Council have decided to give his name to the Boulevard de Vaugirard, which adjoins the Pasteur Institute.

THE Zeitschrift für Physiologische Chemie, founded by the late Professor Hoppe-Seyler and edited by him for many years, will in future be edited by Professors Baumann, of Freiburg, and Kossel, of Marburg, who have been for some time associated with him in the task of editing.

SYPHILITIC HÆMATOMA.—In the *Deutsche med. Wochenschrift* Dr. Hahn has published the particulars of a case of this rare affection of the dura mater. The patient was a man, aged 36, who had had syphilis about ten years before the onset of his nervous symptoms. These began with attacks of giddiness and severe headache, while his character underwent a great change. He finally had an attack of giddiness with loss of consciousness, and on the following day it was noticed that there was slight left ptosis, deviation of the tongue to the left on protrusion, deficient movements of the palate, indistinct articulation, and exaggerated reflexes. A few days later the following symptoms were also observed, viz., weakness of the right hand, diminution in the reflexes (especially of the knee-jerk on the right side), slight sensory disturbance, and impairment of hearing. He died about two weeks later comatose, having had previously some irregularity of breathing. At the necropsy it was found that over the whole of the left hemisphere, between the dura mater and pia mater, there was a thick layer of blood-clot; while on the right the dura mater was smooth, the pia mater being thickened and the convolutions flattened. At the base the pia mater was thickened, as well as in the Sylvian

fissure, while the basilar and the carotid arteries were atheromatous. The left third nerve was flattened and apparently destroyed.—*Lancet*.

THE KNEE-JERK IN LOCOMOTOR ATAXIA, COMPLICATED BY HEMIPLEGIA.—M. Raichline reported at the Society of Biology, Paris, recently, a case observed with M. Landrieux, in which secondary contracture and restoration of the tendon reflexes occurred after an organic hemiplegia in a person afflicted with tabes. This is an unusual event, as usually an hemiplegia remains placid and the reflexes do not return if the person afflicted is already tabetic. He considered the loss of the knee jerk in tabes as not due to a destruction of the reflex arc, but that the disease exerts an inhibitory influence on the reflex activity of the cord and that due to the secondary degeneration of the crossed pyramidal tract; this reflex activity is exaggerated and the knee-jerk is restored in some cases.—*International Medical Magazine*.

A CASE OF PARALYSIS OF THE SUPERIOR RECTI MUSCLES.—A most interesting and instructive instance of this exceedingly rare type of ocular disturbance has been seen by William E. Bruner, of Cleveland, Ohio. The peculiarities of the case consist in the facts that there was intermittency in the relative strengths of the two paretic muscles, that there was nothing to indicate spasm of the inferior oblique, and that there were two degrees of esophoria. The author, inclining to the thought that the paralysis in his case was congenital in origin, tends to the belief that the condition was due to a central deficiency rather than to malformation or arrest of development of the muscles.—*International Medical Magazine*.

DR. H. S. STRAIGHT, Professor of Diseases of the Ear, Nose, and Throat in the Medical Department of the Western Reserve University, has tendered his resignation to the board of trustees.

THE Southwestern Association of Railway Surgeons will meet in St. Louis, Mo., on November 11th and 12th.

THE new building of the St. Luke's Hospital, New York, was recently opened.

HARVARD ALUMNI ASSOCIATION.—The fifth annual meeting of the association was held at Boston, June 25th, under the presidency of Dr. George Brune Shattuck. The annual dinner was at the Vendome at 1 o'clock. One hundred and sixty-seven members were assembled. There were present by invitation President Eliot, of Harvard University; Prof. Roswell Park, of Buffalo; Dr. George J. Engelmann, of St. Louis; Prof. George Dock, of Ann Arbor; and the Dean of the Harvard Medical School, Prof. William L. Richardson. Prof. John Green, of

St. Louis, a vice-president of the association, and Dr. J. R. Chadwick, the organizer and first president of the association, were also present and spoke. The addresses were full of interest.

TRYPTIC DIGESTION AND THE INTERNAL SECRETION OF THE SPLEEN.—A. Herzen revives the theory as to the influence of the spleen on pancreatic digestion, which Schiff was the first to put forward in 1862. It has long been known that the digestive action of pancreatic juice on proteids is not continuous, but intermittent, and that it appears regularly with the process of gastric digestion. Schiff showed that, in animals from which the spleen had been removed, neither the pancreatic juice nor an infusion of the pancreas had any digestive influence on proteids. Herzen has combined Schiff's views with Heidenhain's researches on zymogens. He finds that the volume of the spleen at any moment varies directly as the amount of trypsin in the pancreatic juice, and inversely as the amount of zymogen. Thus the maximum quantity of zymogen is present during starvation, when the trypsin and splenic dilatation are at their minimum. Six or seven hours after food the conditions are exactly reversed. Furthermore, admixture of infusion of congested spleen greatly aids the pancreatic digestion of proteids. The blood of the splenic vein has a similar action, that from other vessels none. Herzen concludes that in the living pancreas the protypsin is transformed into active trypsin by the influence of a substance produced in the spleen in quantity proportional to the intensity of its congestion. The substance finds its way to the duodenum through the general circulation.—*British Medical Journal*.

MEDICAL SOCIETY OF LONDON.—The Lettsomian Lectures before the Medical Society of London will be delivered on February 13 and 17 and March 2, 1896, by Watson Cheyne, F.R.S., who has chosen for his subject "The Objects and Limits of Operations for Cancer." The annual oration will be delivered on May 18th by Dr. W. H. Allchin.

GALLICIN, A GALLIC ACID DERIVATIVE; ITS USE IN THE TREATMENT OF EYE DISEASES.—The results obtained by the use of this preparation of gallic acid, which was first employed in some two hundred ophthalmic cases by Mellinger, of Basel, have been confirmed by George F. Suker, of Toledo, Ohio, in an additional series of thirty cases. He sums up the therapeutic value of the drug as follows: It is applicable in all cases of catarrhal affections of the mucous membrane of the eye, either with or without secondary eczema; in cases of phlyctenular keratitis or conjunctivitis; and is exceedingly serviceable in follicular conditions and in super-

ficial keratitis. He believes that it is indeed worthy of trial, and in the future will, no doubt, play an important rôle in the treatment of the above-named diseases. He thinks that it is best employed in the powdered form; and, being very light, he has found that about one centigramme is sufficient for an application. He says it is to be applied once or twice daily, as may be deemed expedient.—*International Medical Magazine*.

SPINA BIFIDA CURED BY EXCISION OF SAC.—Dr. James K. Young reports the case of a boy 1 year old. The tumor occupied the most common seat—the lumbo-sacral region—and was of the type of meningocele, or sac without nerve-elements. The mass was large and could be moved more easily to the left than to the right, but showed no distinct pedicle. It was firm and covered with normal skin, and was unchanged during crying. The incision was made over the tumor and the sac was dissected out. The pedicle was ligated with a zigzag suture, cut short, and the stump-edges were secured by uninterrupted suture. The technique was of the most strict aseptic variety. The case made a perfect and uninterrupted recovery.

SUDDEN DEATH OF A MEDICAL MAN AT A PATIENT'S HOUSE.—A correspondent of the Medical Times and Hospital Gazette writes: "Last week Dr. R. B. Morley, of Westfield Terrace, Leeds, died under singular circumstances. He rode on a bicycle to visit a lady patient at Allwoodley, a distance of six miles, and was in the act of examining the lady when he suddenly fell backward and in a few minutes expired. His patient died on the following morning, her death, it is believed, being accelerated by the shock. Dr. Morley, I understand, was only 43 years of age."

INTESTINAL INVAGINATION AND ITS TREATMENT.—Dr. Rydigier, of Krakau, has gathered together a series of eighty-four new cases of operation for this condition from reliable sources; and from his study of them and cases occurring in his own practice draws the following conclusions:—

In acute intestinal invagination,—

1. Operation should be employed as soon as non-operative measures have been thoroughly tried without success.

2. After the laparotomy disinvagination should be attempted before all other methods. If there are any suspicious-looking points on the intestinal wall where rupture may be feared, the peritoneum should be walled off with iodoform gauze or the part should be drawn out of the abdominal cavity.

3. When disinvagination is impossible, resection of the invaginated part should be employed,

through an incision in the wall of the invaginator.

4. The resection of the entire invagination is to be employed where there are marked alterations in the wall of the intestine and perforation threatens.

5. The formation of an artificial anus and entero-anastomosis have usually no place in acute intestinal invagination. Only in case of collapse is an *anus præternaturalis* made admissible.

In chronic intestinal invagination,—

1. Non-operative therapeutic measures should be employed, but not for more than one week.

2. During the period between the attacks, operation is to be advised.

3. After laparotomy disinvagination is to be attempted tentatively. Four successful cases have been reported,—one at the end of nine months, two after six months, and one after ten weeks.

If this do not succeed, resection of the invaginatedum should be employed. Entero-anastomosis may be employed where there are adhesions; but there are no indications in chronic intestinal invagination for the formation of an artificial anus.—*International Medical Magazine*.

ON SOME NEW MEDICINES IN THE THERAPEUTICS OF TUBERCULOSIS OF THE LUNGS.—Prof. E. de Renzi, M.D., of Naples, reports on the effect of some new medicines used in the treatment of tuberculosis as well as of some older medicines, the doses of which have been modified.

He speaks of acidum phenosuccinicum, phenosuccin, and iodophenosuccin. The trials on animals and patients showed that these three preparations do not influence considerably the tuberculous process. There was also no constant action on fever.

Nuclein was given in parenchymatous injections, beginning with $\frac{1}{2}$ cubic centimetre and $\frac{1}{4}$ cubic centimetre daily, up to large doses of $3\frac{1}{2}$ cubic centimetres. These injections caused neither local nor general troubles. In most cases they were well borne. Of five patients treated, three showed marked general improvement, one showed considerable decrease of râles, but no great improvement.

Creasotal, creasotum carbonatum, was given three patients in doses of $\frac{1}{2}$ to 30 grammes per day for nine, twelve, and thirty-four days. In all cases it was well received. There was an improvement in all, one even with increase in weight. The fever was not influenced by this medicine; the average temperature was even some tenths higher during treatment.

Hæmoglobin nardi was given to six tuberculous patients in doses of 1 to 10 grains per day

for three to seventeen days. Also with this medicine no remarkable effect was obtained; the general condition improved, however, in some, especially when they had taken large doses.

Aqua oxygenata had no effect. The average temperature remained the same.

Liquor arsenicalis was tried in large doses on four patients, increasing from 4 to 50 drops per day for nine to seventeen days. No trouble was observed from the large doses; the weight increased in all cases. There was, however, no further general improvement. In one case there was noted decrease in the râles.—*International Medical Magazine*.

ABERDEEN UNIVERSITY.—The list of honorary degrees conferred by the senatus at the inaugural celebrations includes two members of the medical profession who are to receive the degree of LL.D. One of these is George Skene Keith, M.A., M.D., who is a graduate in arts of Aberdeen and studied medicine at Aberdeen, Edinburgh, Pesth, and Paris. The second is Sir James Reid, Physician-in-Ordinary to the Queen. Sir James Reid graduated M.A. at Aberdeen in 1869.

PRESENTATION.—The British Medical Journal says: "The Mayor of Norwich, Sir Peter Eade, was presented, on September 25th, with his portrait, painted by Mr. Forbes, R.A., in recognition of services rendered by him in connection with the organization of the Norwich Castle Museum. The presentation was made by Lord Walsingham, on behalf of the subscribers. The Norwich Town Council also presented the honorary freedom of the city to Sir Peter Eade."

PIROGOF MUSEUM.—The new Pirogof Museum of Anatomy and Surgery, at St. Petersburg, was recently inaugurated by the laying of an inscribed stone in the government building, which is to be reconstructed for the purposes of the museum. The museum will be arranged on the lines of those of Hunter, in London, and of Dupuytren, in Paris. So far as normal anatomy is concerned, the new collection will have a powerful rival in the fine anatomical museum in the adjoining Army Medical Academy, which was largely collected and arranged by Pirogof himself. Pirogof was for many years professor of anatomy in the academy. A history of the chair of anatomy and of the museum has just been published by Professor Tarenetzki, the present professor of anatomy, in connection with the approaching centenary of the academy.—*Corr. British Medical Journal*.

HARVEIAN ORATION.—The Harveian oration before the Royal College of Physicians was delivered by Dr. W. S. Church on Friday, October 18th.

CURRENT MEDICAL LITERATURE.

- An Essay on Diphtheria and its Specific Treatment. By John Pirnat, M.D., Evansville, Ind.
- The Influences of Operative Procedures in Peritoneal Tuberculosis. By Hunter Robb, M.D., Cleveland, Ohio., Professor of Gynecology in Western Reserve University, Cleveland.
- Note upon a Condition of the Pupil Following Extraction of Cataract. By T. B. Schneideman, M.D., Adjunct Professor of Diseases of the Eye in the Philadelphia Polyclinic; Assistant Surgeon, Wills Eye Hospital, Philadelphia.
- Hæmorrhoids; Prolapsed Rectum; New Operation. By Merrill Ricketts, M.D., Cincinnati, Ohio.
- Kentucky School of Medicine and Hospital, in the City of Louisville. Register of Students, 1895. Circular of Information, 1896. Fortieth Annual Session, January 3d.
- The Osteopathic Fad. By A. J. Steele, M.D., St. Louis, Mo., Professor of Orthopædic Surgery in the Missouri Medical College and in the St. Louis Post-Graduate School of Medicine, and Orthopædic Surgeon to the Martha Parsons Children's Hospital.
- A Case of Lesion of the Thalamus. Death from Intestinal Hæmorrhage. By Wharton Sinkler, M.D.
- Nerve Suture, with the Report of a Successful Operation for Suture of the Musculo Spiral Nerve Three Months After its Complete Division. By Wharton Sinkler, M.D.
- Rachitis: its Various Manifestations, Diagnosis, Differential Diagnosis, and Prognosis. By Benjamin Lee, A.M., M.D., Ph.D., Professor of Orthopædics in the Philadelphia Polyclinic and College for Graduates in Medicine, Philadelphia.
- The Importance of Early Diagnosis in Lateral Curvature of the Spine. By Benjamin Lee, A.M., M.D., Ph.D., Philadelphia.
- Acute Inflammation of the Tympanic Cavity; Some Operative Measures for the Relief of a Chronic Discharging Ear. Clinical Lecture Delivered at the Jefferson Medical College Hospital. By S. MacCuen Smith, M.D., Clinical Professor of Otology in Jefferson Medical College; Surgeon in Charge of the Ear and Throat Department of the German-town Hospital, Philadelphia.
- A Case of Tetanus Cured with Antitoxin. By C. F. Timmerman, M.D., Amsterdam, N. Y.
- Surgical Clinic held at St. Mary's Hospital, February 10, 1895. By H. O. Walker, M.D., Detroit, Mich.
- Perforation in Enteric Fever; its Surgical Treatment. By Frederick Holme Wiggin, M.D., Visiting Surgeon, New York City Hospital (B. I.), etc.
- Medical Terminology; its Etymology and Errors. By P. J. McCourt, M.D., N. Y.
- Ophthalmia Neonatorum. By Louis F. Love, M.D., Ophthalmic Surgeon to St. Mary's Hospital, House of the Good Shepherd, etc., Philadelphia.
- The Necessities of a Modern Medical College. By Prof. E. Fletcher Ingals, A.M., M.D., Chicago.
- The Preston Retreat. By Richard C. Norris, M.D. Reprinted from the American Gynecological and Obstetrical Journal for September, 1895.
- The Lingual Traction Method (Laborde) of Artificial Respiration, with a Report of Two Successful Cases. By A. E. Roussel, M.D., Adjunct Professor of Practice and Clinical Medicine at the Medico-Chirurgical College; Consulting Physician to the Temporary Home for Young Men and Boys; Visiting Physician to the Howard Hospital, etc., Philadelphia.
- Spasmodic Laughter and Weeping. A Lecture Delivered at the Salpêtrière by Professor Edouard Brissaud. Translated from the Revue Scientifique for the Chicago Medical Recorder, with the permission of the author, by Hugh T. Patrick, M.D., Chicago.
- Vibratory Medicine. By Hugh T. Patrick, M.D., Lecturer on Neurology, Chicago Polyclinic.
- Hypnotism at Nancy. By Hugh T. Patrick, M.D., Professor of Neurology, Chicago Polyclinic.
- The Bryson Symptom in Exophthalmic Goitre. By Hugh T. Patrick, M.D., Professor of Neurology in the Chicago Polyclinic.
- The Combination of Hysteria and Organic Disease. By Hugh T. Patrick, M.D.
- Herniotomy; Osteotomy. By Samuel E. Milliken, M.D., New York., Attending Surgeon to Randall's Island Hospitals.
- Biographical Sketch of Dr. Samuel Edwin Milliken.
- The Importance of Protecting the Stomach and Intestines from Pathogenic Germs. By Boardman Reed, M.D., Atlantic City, N. J.
- Valedictory Address. By Prof. J. C. Wilson, M.D., Jefferson Medical College, Philadelphia. May 15, 1895.

COMMERCIAL NEWS.

MEETING OF STOCKHOLDERS.

The fourth annual meeting of the stockholders of the F. A. Davis Company will be held Wednesday, November 20th. at the office of the company, Nos. 1914-16 Cherry Street, at 3 P.M., for the purpose of electing directors to serve for the ensuing year and transacting such other business as may come before the stockholders.

C. T. CRANDALL, Sec'y.

A TEST IN PHARMACAL "ETHICS."

Mr. E. A. Schubert, of Fostoria, Ohio, in the course of a paper on pharmacal ethics, relates this account of a practical test of the professional integrity and competency of retail druggists in a given section of his State,—a section, by the way, probably the equal in professional intelligence and honesty of the average community in Ohio and other States: "I espoused the thought," remarks Mr. Schubert, "that it would be a capital idea to write a prescription of easy composition and analysis, to see how many druggists would fill it correctly.

"I set to work immediately mailing to each of fifty physicians one of the prescriptions, at the same time asking him to write it as a prescription of his own, send some friend with it to his druggist to have it filled, a copy taken and returned to me with the compounded prescription. Out of the fifty requests sent out, I received thirty-seven answers. The prescription called for a three-ounce preparation, but placing them side by side I found twenty-one to be three-ounce preparations, seven were in size four ounces, while the rest ranged in size from five to eight ounces. It was to be an emulsion; nineteen were of that composition, the remainder were far from being true to name.

"In color, when correctly filled, it would be nearly white; of these twenty two were true in color, while the remainder ranged from a steel gray to nearly all the known hues. The principal active ingredient was the acetate of morphine; thirteen only contained this, the remainder principally contained the sulphate. *Out of the entire number returned, eleven were found to be filled correctly.* The remainder were base substitutions, either through ignorance or intention. Of the eleven that were correct, nine came from the hands of Ph Gs ;

the remaining two were compounded by old and reliable druggists in the city. Of the twenty six not properly filled we found five Ph.Gs.; the remainder were country druggists having little experience in this line and located, with few exceptions, in towns of 6000 inhabitants and less." Can it be possible that this sort of recklessness and ignorance characterizes the profession in other intelligent communities?—*Western Druggist*, August, 1895.

BEAUTIFUL TARPON SPRINGS.

The paradise of the health seeker and the sportsman. Look in December issue for announcement of Tarpon Springs Hotel.

A. R. ELLIOTT, No. 37 College Place, N. Y., has just issued a very complete Hand-book of Medical, Hygienic, Pharmaceutical, and Dental Journals, giving address of publication, type measurement, when founded, circulation, advertising rates, etc. It is carefully compiled, arranged in alphabetical order, with blank memorandum-page opposite each printed page,—a unique but very advantageous feature. Price, \$1.50.

RESPONSIBILITY FOR UNTOWARD ACTION.

With the characteristic pithy and trenchant utterance which "hews to the line, letting the chips fall where they may," and which marks all of his sayings, Dr. Frank Kraft, 57 Bell Avenue, Cleveland, Ohio, Professor of Materia Medica in Cleveland Medical College, writes: "The professional market seems to be filled with substitutes for the original and ever favorite antikamnia; all warranted to do what the antikamnia has succeeded, by hard work and expenditure of much money, in establishing. All of these nefarious products masking under some name partly modeled after the antikamnia pattern, beginning with an A, and warranted to still pain, etc., are base imitations of antikamnia. They may be, and perhaps are, coal tar products, but they cannot take the place of antikamnia. This was the first product and made a success because of its merit; hence the host of imitators. Insist upon getting the original antikamnia, and caution your druggist that, if he practice any substitution, you will not only decline further to deal with him, but hold him personally responsible for any untoward action of his substituted remedy."

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"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-Soda, 1 or 2 pills taken 3 times a day.			
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Ferri Sulph. Fe SO ₄		Ferri Carb. Fe CO ₃	
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Before the discovery of the tubercle bacillus many a cough was allowed to continue without treatment and the real difficulty not suspected until a sharp hæmorrhage or a hectic fever revealed the true situation. Only a few months ago diphtheria patients walked the streets with a simple sore throat, while cases of follicular tonsillitis were carefully treated as diphtheritic in character. Nearly all of us were taught that malaria was an earth-born poison which filled the air with "a fever-generating agent."

Now, all this is changed. The tubercle bacilli can be detected in the earliest stages of phthisis. The Klebs Loeffler bacillus decides the presence of diphtheria, and the malarial germs of Laveran tell us we have an intermittent fever.

It is natural that we look for a remedy which will destroy these germs or counteract their poisonous products. Indeed, it now appears that we have—unconsciously, to be sure—been giving a perfect specific for the cause of the latter disease. Quinine is no longer administered in an empirical manner. We know precisely why we give it and what it does. Quinine exerts a deadly influence over the malarial germ, therefore it may be given with the satisfaction of knowing that it will invariably check the paroxysms of an intermittent fever. If its use is not followed by this cure, then it is certain that it never came in contact with the red corpuscles of the blood. Absorption was incomplete or the quantity of the drug was insufficient. In the light of all this it is certainly bordering on the ludicrous that the National Dispensatory should give a list of seventy-six remedies in the index under "Intermittent Fever."

The patient has usually had a malarial paroxysm before seeking medical advice. As hepatic activity is necessary to obtain the best effect of the specific treatment, so in cases of constipation at least, it is better to begin the treatment with the following prescription, which should be taken five or six hours prior to the quinine:—

℞ Hydrag. chloridi milte,
Sodæ bicarb., ... each gr. j.

M. Divide into six powders.

Sig.: Take 1 powder every fifteen minutes, using all the powders.

This is far preferable to giving the calomel in one single dose and in larger quantity. However, it may be necessary, if the patient be insensitive to purgatives, to increase the quantity in the prescription by one-half. While this preparatory treatment is not necessary, yet it is certainly true that, after its employment, a less quantity of quinine is required and the general condition of the patient is improved.

It has been stated that this treatment should be given five or six hours before the specific treatment. It should now be said that the latter treatment is best inaugurated at such a time that it will be exerting its fullest physiological action when the next paroxysm is due. This time can be quite accurately stated when we remember

that a paroxysm often begins an hour earlier than the preceding one, and that about three hours are required for the quinine to be in its most active condition in the body.

To insure prompt and complete absorption the quinine is best given in liquid form. The following is a favorite prescription:—

℞ Quinia sulph., ... gr. xv.
Aque., ... ℥j.
Acid sulph., dil. q. s. ft. sol.

M. Sig.: Take at one dose in one-third glass of water.

With the above preparatory treatment, and with the quinine dissolved, this dose is equivalent to at least 20 grains given after the usual manner; while it is certain we should not trust to pills or capsules at such a time unless we know positively that these are in a perfectly-soluble condition.

To prevent the uncomfortable head symptoms which accompany full doses of quinine, and also to relieve the pain which is likely to be present at the same time of the expected paroxysm, the following prescription should be given four or five hours after the specific:—

℞ Antikamnia Tablets (5 gr. each). No xxiv (24).
Sig.: 1 tablet every two hours while pain necessitates.

While the above dose of quinine is sufficiently large for residents of most parts of the United States, yet in some of the Southern States, and in other sections where malaria abounds with unusual force, it may be necessary to give the quinine as high as 20, 40, or even 60 grains. But in the great majority of cases the above single dose will be sufficient to prevent a second chill.

In order that there may be no question about the recurrence of an attack, and also in order to bring the system under the influence of a good tonic, the quinine should be continued for one or two weeks in doses of 5 to 10 grains a day. As the malarial germ has left its effects on the nervous system, and often to a marked degree, so a remedy is indicated which will put at rest the disturbed condition. The following will be found satisfactory in every way:—

℞ Antikamnia and Quinine Tablets (5 gr. each).
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This tablet contains $2\frac{1}{2}$ grains sulph. quinine and $2\frac{1}{2}$ grains antikamnia, being the most desirable proportion.

If the physician be called while the patient is suffering from a paroxysm, and he is in doubt as to its nature, he has only to remember that any intermittent fever which resists the action of quinine is not necessarily of malarial origin. Even during the chill of a malarial attack the temperature may rise to 102° or higher; while it is often true that, when the chill has passed and the fever is on, the thermometer will show a lower degree of heat. Therefore, no better treatment can be given at the beginning of or during the chill than the following:—

℞ Antikamnia Tablets (5 gr. each). No. xxiv (24).
Sig.: Take 2 tablets immediately. Repeat dose in two hours if pain necessitates.

The antikamnia will relieve the congestion of the abdominal and thoracic organs and will materially alleviate the headache of the second stage especially. In fact, it practically robs the fever of its most distressing features. When we consider that the cause of intermittent fever is so thoroughly understood and that quinine is regarded as its specific, destroying said cause, how puerile are all attempts to bring forward new substitutes. Although pain may not be dependent upon any special living organism, yet it is certain that in antikamnia we have a most

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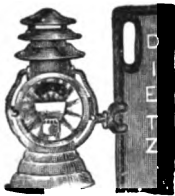
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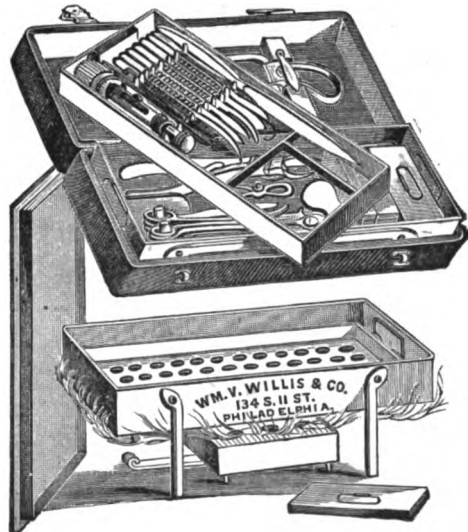
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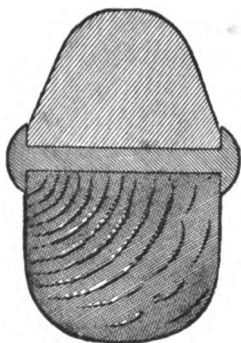
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No. 12

CLINICAL LECTURES.

CANCER.

By ERNEST LAPLACE, M.D., LL.D.,

Professor of Surgery, Pathology, and Clinical Surgery in the
Medico-Chirurgical College of Philadelphia; Visiting Surgeon to Philadelphia Hospital, etc.

I WISH, to-day, to give you a few general thoughts on cancer,—an affection of such dread to all who are acquainted with it; so difficult to diagnosticate and treat,—cancer, the bugbear of the medical student, especially when called on to distinguish between it, sarcoma, and other growths. To begin with what we know about cancer. The word cancer means simply a crab, so named by the ancient pathologists from its eating or gnawing. At the present time it means nothing else than an hyperplasia, or excessive development, of the cells in a particular part of the body. Now, these cells may either grow on the surface and bulge out or they may grow on the surface and dip into the tissues. According as they do one or the other, they are benign or malignant growths. Let us say, by way of illustration, it began on the surface of the skin in the epithelium. You all have been out rowing, and have noticed how callous your hand would become and how here and there was a "water blister." The oar acts as an irritant to the skin, and a congestion and hypernutrition is the result; the epithelial cells proliferate, accumulate in the one spot, and there is a tumor or callus, under which may be found blood-serum, which, being absorbed, leaves the thickened epidermis.

On the other hand, the man is a smoker and smokes a pipe. The pipe always rubs the

same spot. That man comes from a family of cancerous ancestors, and has a suitable soil or predisposition to cancer, if the chances are given for an irritant to enter the tissues. The man may have an abrasion on the lip; the pipe irritates it and causes an hyperæmia. Furthermore, there is another element that comes in, and this is a micro-organism. I cannot prove to you that this is the case, nor can I show you the germ, but it is allied to the germs that we know are the cause of other affections. In the case of the thickened epidermis of the hand, and when we have a corn on the foot, we have an irritant acting from without; but in epithelioma the irritant—a germ—acts in the tissues and causes the growing epithelium to be pushed down, and causes it to infiltrate into the tissues, while in the corn it is simply an accumulation of the epithelial cells on the surface. The ordinary corn or callus is an epithelioma in the true sense of the word, but time and usage have determined us not to call this an epithelioma. Now let us return to our smoker.

The pipe has irritated the crack or abrasion of the lip. The man is of a carcinomatous diathesis; just what a diathesis is we do not know, but he has the chemical condition within him which makes him a suitable soil to develop cancer. Such a condition is tuberculosis, that springs up from grief or exposure. Many thousand people smoke a pipe and do not get cancer, because they do not have the diathesis. As a result of the irritant, the cells proliferate and produce a chemical substance called a toxin. This increases the irritation on the inside and causes the proliferation to continue. The cells do not accumulate on the surface, but infiltrate into the subcutaneous

tissue, muscles, and periosteum. These cells proliferate wherever the germs exist to irritate them. Remember, then, that in a corn the irritant comes from without, while in epithelioma the irritant is a germ which acts from within. So much for epithelioma, and this leaves out of consideration a whole class of tumors in which the process is identical, whether on the surface of the skin or beneath it. Laying this aside, let us consider that character of growths presented by fibrous tissue, which includes all fibromata, sarcomata, and scirrhus cancers.

The processes of nature are blind, and she acts just as she is forced to act. When we have an amputation, the large flaps are open, and a dreadful gap has been made. The surgeon cleanses the wound, renders it aseptic, sews it up, and trusts to nature to cure it. All the elements that are concerned in cancer are brought to bear here, and grow and heal the wound. The very element that nature puts in the most malignant cancer enters into the process of healing wounds. In a cut or wound, as a result, a clot forms in the mouth of the vessels and checks hæmorrhage. The blood is still being forced into the vessels, and in these vessels are small mouths or stomata against which a white blood cell fits. The cells enter into the stomata and, by an hour-glass contraction, escape from the vessels as leucocytes, giving us the phenomenon of diapedesis. The leucocytes are destined by nature to grow into fibrous tissue by their elongation. When millions of these leucocytes are exuded into the wound, we say it is covered with healthy granulations. These soon fill the wound, and it is found that those which fill the bottom of the wound have become fibrous; above this come the spindle-shaped and on top the round cells. Finally, all that remains to complete the healing is to cover it with epithelium. If, for some reason, the leucocyte had not grown, but had been killed, it would have undergone fatty degeneration and given us a pus cell. You must retain these steps and follow them closely if you wish to get an accurate notion of the development of cancer.

You will find nothing but fibrous and epithelial tissues in cancer, but they are arranged differently from the normal tissues of the body. Sarcoma is a variety of fibroma. Just as epithelioma is a variety due to the growth of epi-

thelial cells, fibroma is due to the growth of fibrous cells. In fibroma there is an exudation of cells from a vessel which undergo the same changes that they do in the healing of an ordinary wound. If you make sections of a fibroma and examine them with a microscope, you will find cells of different ages, representing the round, spindle, and fibrous cell, all in the same tumor. When you find the fibrous cells in excess, it is a fibroma; when the spindle cells predominate, it is a spindle-cell sarcoma; and if the round cells are in excess, it is a round cell sarcoma. A fibroma and a sarcoma are really the same thing, but the sarcoma grows much more rapidly than the fibroma. A fibroma cannot become a sarcoma until it has undergone the same process of growth as a sarcoma,—only very slowly.

The carcinoma develops either as the soft encephaloid or hard scirrhus in the glands. Just as we have the epithelioma on the surface, we may have a growth of endothelial cells in a gland, giving us the encephaloid (brain-like) cancer. When the mass is simply composed of endothelial cells with a very small amount of fibrous tissue and without structure, it is the encephaloid. A scirrhus is nothing else than a combination of the encephaloid and fibrous tissue in which the fibrous tissue predominates. It is much harder than the encephaloid, but the process of development is the same. The epithelial cells are inclosed within fibrous cells, forming alveoli.

We next come to consider the mucoid and amyloid cancers. Nature can do nothing more than I have stated, and these cells, growing under abnormal circumstances, die and, being contracted upon by the fibrous tissue, undergo amyloid, mucoid, or calcareous degeneration, giving us these forms of cancer.

Metastasis.—To my mind the very best proof of malignant growths being due to a micro-organism is the element of metastasis,—that element by which a growth, if not properly removed, will break out anew in the same or another place, as only one germ is required to develop it. A tumor may be thoroughly removed, but, if a neighboring gland be affected, what can be plainer than that the poison has traveled along the lymphatics and developed? Here is an idea I wish to submit to you that will take away any absolute or stereotyped rule, and that is, when to pronounce a growth benign and when malignant. Why

call the one growth benign and the other malignant?

The thickened epidermis on the hand is benign because the irritant that produced it was outside of the body and can be removed. The epithelioma is malignant because it returns; the irritant in the tissues has not been completely removed. There is one more growth, and that is the lipoma. A lipoma is nothing more than a fibroma in some of whose cells are deposited fat-globules. The oil in the cell has simply pushed the nucleus to one side. A fibrous cell does not possess the power of infiltration like the epithelial, and is self-limiting and movable, as a rule, and benign. True cancer is immovable because it infiltrates.

Here is a man who had epithelioma of the penis that was removed a year ago, and now he comes back with a similar growth in the groin. What I wish to call your attention to is this fact: If you cut into this tumor and prepare microscopical slides from the different portions of the tumor and give them to a pathologist to examine, he will give this report: One section contains epithelial cells all over it. And he would pronounce it an enccephaloid. If another section made from the thickened skin were given him, he would say epithelioma of a malignant type. If I cut still farther up he would say sarcoma; and if lower down he would say fibroma. This illustrates the great caution necessary in making a diagnosis. If the glands are involved it is a carcinoma. If the epithelial tissue is involved it is an epithelioma. All these types can be and are present in the same growth.

The nature of a cancer, therefore, depends upon the nature and arrangement of the cells in the particular section examined, remembering that the element of benignity or malignancy simply refers to whether the irritant which is the cause of the growth has been completely removed from the system or not.

The therapeutics of cancer is, to say the least, in a very unsettled state. Many as may be the remedies for the local treatment of cancer, these only act by the local destruction of infected cells,—at times successfully removing them, while at other times causing an infiltration of tissues by the added irritative process. Hence, the conflicting reports as to the efficiency of all caustics, pastes, etc.

The real and efficient treatment must depend

upon altering the nature of the tissues so as to make them resist or in other ways be unsuited to the development of what may be the cause of this disease; until such a preventive or alterative treatment is found we must acknowledge that the treatment of the disease is still to us a hidden secret.

The advancing steps of bacteriology and experimental pathology offer the only hope in this direction. Already we have learned by these methods the inoculability of cancer, demonstrating, as it were, positively its infectious nature. And inasmuch as the prevention and cure of other infectious diseases have been found, so, also, must the same lesson bring us to the discovery of what would be a great boon to humanity,—the cure of cancer.

*A CASE OF MITRAL INCOMPETENCY WITH UNUSUAL FEATURES; EMPYEMA, SECONDARY TO INCIPIENT PULMONARY TUBERCULOSIS, GREATLY RELIEVED BY ASPIRATION.**

By J. M. ANDERS, M.D., Ph.D.,

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GENTLEMEN: The first patient to whose case I invite your attention to day gave the following history: J. J. M., aged 23, occupation brakeman, married. The family history is entirely negative, though it may be mentioned that his father died of some unknown cause. The previous history of the patient shows that he has been a sufferer from chronic rheumatism of mild grade for many years, that he had influenza five years ago, and also that he became infected with syphilis about four years ago. The latter event was not followed by secondary manifestations, according to the patient's statement. He has used alcoholic stimulants inordinately during the last four years.

The present trouble began about seven months since, with pain in the side (left), on account of which symptom he went to St. Agnes's Hospital, where he remained for a period of about three months, leaving there October 5th,—four days before he was ad-

* A clinical lecture delivered at the Medico-Chirurgical College.

mitted into the Medico-Chirurgical Hospital. About seven weeks previous to the latter date he noticed that the abdomen began to swell. This he informs us has gradually and slowly increased from that time down to the present. On admission he complained of severe pains in the region of the liver, which pains were increased on taking a long breath; he had marked dyspnoea with lividity of the visible mucous membranes and finger-tips. His bowels were quite loose, appetite fair, and at this time he complained of considerable pain in the right arm. A physical exploration revealed the presence of mitral incompetency, of double hydrothorax, and marked ascites. The subjective symptoms in this case have been few and not characteristic of the underlying disease and secondary conditions from which he is suffering.

The physical signs, however, enlighten us as to the true nature of the case, and these I will proceed to point out to you, beginning with the heart. On inspection you will observe that the apex-beat (of the heart) is greatly extended in area as compared with the normal, and that the extension is upward and to the left rather than downward and to the left, as is the case in uncomplicated examples of mitral incompetency. We can readily account for this peculiar form of displacement of the apex-beat by the presence of marked ascites, which has pushed up the diaphragm, lifting the heart to the abnormal position indicated by the impulse. On making palpation, I detect a feeble, wavy impulse over the seat of the visible apex-beat. I also feel in this situation a thrill, which begins before the impulse and seems to merge into the first sound. The thrill is slightly purring in character. The pulse is somewhat accelerated, its volume fair, but its tension low. Occasionally the rhythm of the pulse is slightly irregular. On percussion we find that the cardiac dullness is increased in area, but it is not possible to define its limits accurately, owing to the co-existence of double hydrothorax of moderate extent and the displacement of the heart. Auscultation renders audible a murmur at the apex. Its seat of greatest intensity is near to the sternum in the fourth interspace, while usually in mitral incompetency it is directly over the impulse-beat. It is to be remembered that there are instances of mitral incompetency in which this obtains, and, hence, it is not to be used as a

factor in excluding this affection. The murmur here is moderately harsh in quality, does not replace, but simply accompanies, the first sound of the heart, and its area of transmission is to the left, being heard almost as distinctly at the inferior angle of the left scapula as anteriorly. The second pulmonary-artery sound is accentuated; but, though there is a presystolic thrill in this instance, I cannot detect a murmur of corresponding rhythm.

The physical signs that I have noted are, in the main, characteristic of mitral incompetency, those of most value for diagnosis being the increased area of impulse, the increased area of percussion-dullness, the presence of a moderately harsh, systolic murmur, which is transmitted to the left, and the accentuated pulmonary-artery second sound. The fact that the heart is displaced in the upward direction modifies certain physical signs, as the seat of the impulse, but does not militate against the diagnosis so long as we have the presence of the ascites, which explains satisfactorily the displacement. The fact that the impulse-beat is feeble and wavy points to dilatation of the left ventricle, and if we assume this to exist we have an explanation of the presence of the hydrothorax. In the pulmonary area there is marked engorgement when dilatation of the left ventricle follows perfect compensation in connection with mitral regurgitation, and this may result in transudation of serum into the pleural sac, thus producing hydrothorax. Usually, dropsy begins in the cellular tissue of the feet and progresses in the upward direction, so that the serous sacs of the body are the last to become the seat of dropsical collections. Very rarely the dropsy begins in the pleural sacs, and it does so, in cases in which the left ventricle fails to compensate the mitral lesion, by taking care of the peripheral circulation, while the right ventricle and auricle still meet the extra demands made upon them by the circulation. It must be admitted, however, that in the present instance it is more likely that the dropsy began in the belly, and, hence, that venous stasis affected first the portal circulation secondary to failure of the right heart. Cases of cardiac dropsy, in which the peritoneum and pleuræ are alone involved, are not met with frequently. You will observe that in this instance there is not a particle of œdema of the extremities nor of the face. The urine has been examined and has been found to be

free from albumin; hence, venous stasis has not become marked in the kidneys, as yet.

I will, in the next place, point out the physical signs indicating the presence of fluid in the pleural sacs. It will be noticed by you that the expansile motion of the thorax is quite limited over its lower half, on both sides; but there is no noticeable enlargement of this portion of the chest. Palpation confirms inspection as to the thoracic excursions during respiration, and shows the absence of tactile fremitus from the inferior angle of the scapulæ to the bases of the lungs. On percussion, as you can hear, there is flatness from the base up to the angles of the scapulæ, or even a little higher on the right-hand side. Anteriorly, flatness rises to a point corresponding with the transverse nipple-line. Here, also, observe that the upper level of percussion-flatness varies with change in the posture of the patient. Above the flat areas you may hear a semi-tympanitic note while I make careful percussion. On auscultation there is found absence of the breath-sounds over the bases of the lungs; at the upper border of the area of flatness I hear feeble broncho-vesicular breathing, and, higher up still, an exaggerated respiratory murmur.

The physical signs—absence of expansile motion, of tactile fremitus, percussion-flatness, and absence of breath-sounds over the lower portions of either side—are characteristic of the presence of fluid in the pleural sacs. When these signs arise in connection with organic affections of the heart, especially if there be secondary dilatation of its chambers, we may safely infer that we have to deal with hydrothorax, and not an inflammatory exudation such as sero-fibrinous pleurisy or empyema. In the latter we obtain a quite different history, and, usually, the effusion is unilateral. I shall aspirate with the hypodermic needle, withdrawing a small quantity of the fluid, and show you how to distinguish the serous transudation from a pleural effusion. You will notice that I have obtained clear serum, and, upon microscopical examination, it will be found to contain fewer cellular elements than the pleural exudate, also less albumin, and it will show less tendency to coagulate.

The transudation into the peritoneal sac can be very readily demonstrated. While the patient is in the dorsal position I will percuss

the abdomen. Notice, if you please, that the sides give a flat note while the upper, central portion of the abdomen gives a tympanitic one. The limits of the tympanitic area may be shown by drawing a line, as I now do, which, as you observe, forms a concavity directed toward the head of the patient. I shall now place him upon the left side, and I obtain a clear percussion-note on the right side, thus showing that the fluid gravitates to the most dependent parts no matter in what position the patient may be placed, and, hence, it must be free in the peritoneal cavity. The history tells us that the patient was infected, four years ago, by syphilis, and, also, that he has been using alcohol to excess during the past four or more years. Under these circumstances we must not lose sight of the fact that ascites may be due to alcoholic cirrhosis or syphilitic disease of the liver. Unfortunately, we cannot outline the area of liver-dullness, in consequence of the hydrothorax above and the ascites below this organ.

The treatment of this case has been symptomatic. We have aimed to overcome cardiac dilatation by the administration of digitalis,— $\frac{3}{4}$ ss of the infusion every three hours. We have also given saline purgatives and secured, in this manner, four or five liquid evacuations daily. The heart's action has been improved considerably as the result of the use of the cardiac stimulants, and the dyspnoea has been minimized in consequence of a reduction in the amount of serous transudation in the pleural sacs. We cannot say that the peritoneal transudation has lessened perceptibly, and, hence, I shall ask Professor Laplace to aspirate the abdomen. The patient is, as you observe, pale and greatly debilitated; hence I shall order Basham's mixture— $\frac{3}{4}$ ss three times a day—and shall feed the patient carefully with light albuminous articles of diet,—milk, egg-white, whey, meat-broths, etc.

Case 2. L. W., aged 23, was admitted into the female wards of the Medico-Chirurgical Hospital October 18, 1895. She came complaining of slight pains in the right axillary region, in the right shoulder-blade, and of dyspnoea, loss of appetite, and general weakness. The patient was recognized as having been in the institution on a previous occasion, and, on examining the hospital records, the following notes were found:—

“Father deceased, cause pulmonary tuber-

culosis; mother living and well, except for an occasional rheumatic attack; lost a sister of pulmonary consumption, another of inflammatory rheumatism, and still another of typhoid fever. She, herself, had had measles, whooping-cough, and mumps when a child; also malarial fever when quite young. The affection on account of which she came to the hospital began, nine weeks before date of admission, with a cough and soreness in the right side of the chest and shortness of breath. She had been exposed to damp weather a few days before the onset of the symptoms just described. Her condition gradually grew worse, until she took herself to bed. Three weeks later aspiration was performed by Dr. I. N. Snively, and this she tells us was repeated at the end of a few weeks more. How much fluid was removed at each sitting I have not learned. A chill followed each aspiration." She was admitted into the female wards of the Medico-Chirurgical Hospital for the first time on April 14, 1895. At this time she complained of slight pains in the right side, and greatly of dyspnoea. There was cough and muco-purulent expectoration. On microscopical examination of the sputum, tubercle bacilli were found. The physical signs were as follow: Inspection showed immobile right side, with marked bulging over the middle and lower segments. Intercostal spaces are widened and almost obliterated, and the apex-beat of the heart is seen to the left of the vertical mammary line. Palpation shows absence of expansile motion and tactile fremitus from the third rib down to base of chest; over apex vocal fremitus moderately increased. Flatness on percussion from base to third rib, with great resistance to pleximeter finger, and above the fourth rib Skoda's resonance was marked. On auscultation there was absence of breath-sounds over lower two-thirds of chest; higher up distinct bronchial breathing, with a few moist râles; vocal resonance lost, except above the upper level of the fluid. At apex anteriorly tubular breathing was audible, and posteriorly broncho-vesicular.

On April 25th she was aspirated and one and one half pints of purulent material taken from the right pleural sac. On May 15th a second aspiration was performed, when a quart of purulent exudation was removed. I show you here the temperature curve since the day of admission. You will observe that prior to the

day of the first tapping (April 15th) the curve was distinctly intermittent. I may say that each exacerbation of temperature was accompanied by a chill (during the evening hours), and each remission of temperature by a profuse sweat (during the night). After aspiration, you will observe, from a glance at the chart, the temperature did not rise to its former height, and the type of curve was irregularly remittent for about one week. Then it again pursued the intermittent type, until the second aspiration was performed, at which you will remember one quart of pus was removed. The temperature never rose to its former height thereafter, and presented an irregularly remittent curve until she left the institution, several weeks later. When she was discharged for the first time the amount of fluid in the pleural sac was slight, but the physical signs, pointing to a tuberculous deposit in the upper portion of the right lung, were well marked; besides, as stated, tubercle bacilli were found in the sputum. On account of the latter facts, it was deemed inadvisable to perform a radical operation with a view to curing the empyema.

The patient who gives the interesting previous history which I have just related is before you at this moment. The subjective symptoms of which she now complains have already been mentioned. I shall proceed to examine her thorax in your presence, telling you, at the same time, the result. Notice, if you please, that the right side of the thorax, particularly its lower half, is more prominent than the left. The apex-beat of the heart is observed to be situated in the left vertical nipple-line. There is little expansion of the right, as compared with the left, half of the thorax. Palpation confirms inspection and reveals absence of tactile fremitus over the lower portion of the right lung. Percussing the fourth interspace anteriorly, while the patient is in the recumbent posture, I obtain a normal percussion-note; but when the patient assumes the sitting posture, the note, as you will hear, is flat. From the base posteriorly to the inferior angle of the scapulæ there is absence of all percussion-resonance,—flatness. Above the upper level of flatness there is merely impaired percussion-resonance, while above the spine of the scapula there is dullness due to the presence of the tuberculous new growth. Over the left half of the chest the percussion-note is semi-tympanitic. On auscultation there

is absence of all breath sounds below the inferior angle of the scapula, but above the latter point a crepitating friction, combined with a creaking sound. This crepitating r le is quite common in empyema, after the effusion has been in great part removed, and is very difficult to distinguish from the crepitation met with in cases of pneumonia. The history and the fact that it is associated with the leathery, creaking friction-rub serve to clear up its nature in this case. Below the upper level of the fluid there is absence of vocal resonance. Over the left lung the respiratory murmur is puerile.

The diagnosis of empyema, in this instance, was free from difficulties. It rested on the rational symptoms, particularly the suppurative type of temperature-curve, the physical signs of pleural effusion, and the results of aspiration. The recognition of pleural effusion is rarely difficult in the adult, but the character of the pleural exudate, whether sero-fibrinous or purulent, often remains in doubt until after aspiration has been performed. The symptoms, however, are often significant, as in the case before us. Let me emphasize the fact that the daily occurrence of rigors, fevers, and sweats, when a pleural effusion is present, points strongly to the presence of a purulent exudate. The bulging of the chest-wall, as well as the displacement of neighboring organs, is also apt to be more marked in purulent effusions than in sero fibrinous ones. Again, the chest-walls may be the seat of oedema in empyema,—a condition rarely noted in serous effusion. The etiological circumstances are rarely of great value. The patient is often a sufferer from pulmonary tuberculosis, which may be followed by sero-fibrinous pleurisy on the one hand, or by empyema, as in this case, on the other hand. Quite often empyema follows sero-fibrinous pleurisy. Both sero-fibrinous and purulent pleurisy are frequently secondary to other affections, and, for the most part, too, follow the same affections. Empyema may be a primary disease, though rarely, as when caused by infection with the pneumococci or the bacillus of Eberth. Finally, any or all of the above-mentioned pleurisies may occur in a tuberculous subject, though they cannot always be regarded as being of tuberculous origin. It is always well to settle the question of the discrimination of these two forms of pleurisy by withdrawing a small amount of the exudate

and examining it,—a method that invariably gives positive results.

The most interesting feature connected with the present case for which there may be an obvious explanation has yet to be told. You will observe from the history that, since the 25th day of May until the present,—about five months,—there has been a little tendency to re-accumulation of the exudate. She informed me, at the time of re-admission into the hospital, that she had, ever since her former discharge (June 12th), been expectorating much yellow matter. At first thought, it occurred to me that a fistulous communication might have been set up between the pleural sac and a bronchus; but the absence of all physical signs pointing to pyopneumothorax rendered this view untenable. It is probable that some, at least, of the pus that she has been, and is, expectorating so freely comes from the pleural sac; that there has been localized destruction (necrosis) of the pulmonary pleura, followed by soaking of the exudate through the lungs into the alveoli or bronchi, as first pointed out by Traube. Such instances sometimes terminate in recovery, when not associated with tuberculosis. They are rare, indeed.

The prognosis in this case is grave, for the reason that the patient is a victim of tuberculous disease; but, independently of other affections, empyema is a serious disease. The treatment of empyema, when it is associated with pulmonary tuberculosis, is identical with the treatment of sero-fibrinous pleurisy. The same indications for aspiration are presented, but a radical operation is not to be undertaken. For the pulmonary consumption she is using creasote internally (℥v, t. i. d.) and also the syrup of the hypophosphites (℥j, t. i. d.).

SIR THOMAS CRAWFORD.—We learn from our foreign exchanges the death of Sir Thomas Crawford, K.C.B., LL.D, etc. Sir Thomas Crawford was a native of the North of Ireland and was born in 1824. He entered the Army Medical Service in 1843, served through the Burmese War of 1852-1853, in the Crimea, and in India. He returned to England in 1882 to assume the duties of Director-General of the Army Medical Service, which office he filled until his retirement, in 1889.

PROFESSOR HENRY W. RAND, of the Long Island College Hospital, recently departed this life.

ORIGINAL COMMUNICATIONS.

*MICROSCOPICAL REPORT OF
A PEDUNCULATED TUMOR
GROWING FROM THE OVI-
DUCT*

By ALEXANDER KLEIN, M.D.,
Tutor on Pathology.

[Service of PROF. W. EASTERLY ASHTON, Medico-Chirurgical
Hospital of Philadelphia.]

MACROSCOPICAL APPEARANCE.

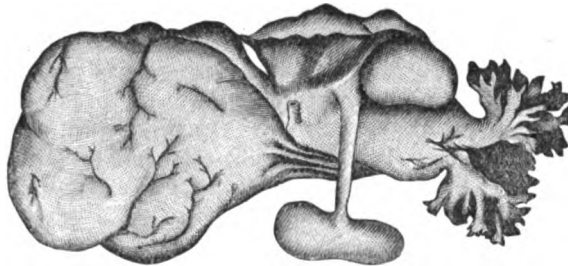
PEDUNCULATED growth of a deep reddish-brown color, attached to the oviduct about midway between its uterine insertion and fimbriated extremity. The growth consisted of a slender pedicle, to the end of which was attached a body of the appearance

blood and detritus. The connective tissue of the stroma was markedly proliferated and contained numerous blood-vessels. Here and there deposits of pigment, probably due to capillary hæmorrhages into the stroma, were found.

ANATOMICAL DIAGNOSIS.

Rudimentary duct of probably embryonal origin (Müller's ducts) communicating with the lumen of the tube, showing chronic inflammatory changes and hæmorrhages into its lumen as well as into the stroma.

[It is impossible to say, with a certainty, whether the peculiar bean-shaped enlargement at the end of the pedicle was of original formation or not. The presence of a considerable quantity of blood and fluids, together



Pedunculated Tumor Growing from the Oviduct.

of a medium-sized bean. On section the latter was found to contain blood and detritus.

The pedicle contained a fine hair-like lumen, which seemed to communicate with the cyst below and with the lumen of the oviduct above. The growth bore no evidence of being adherent to any other structure.

MICROSCOPICAL APPEARANCE.

Sections of the pedicle showed the same to consist of a dense lining membrane, a distinctly glandular structure rich in blood-vessels, and an inner lumen, the latter in places distinctly lined with columnar epithelium.

The above-mentioned bean-shaped, cyst-like body consisted of an outer fibrous membrane and an inner lumen subdivided by septa, the latter only partly covered with columnar epithelial cells (probably due to inflammatory exfoliation). Between the septa were found

with the distorted appearance of the septa, seem, to my mind, to point to a secondary change.]

CONJUGAL ONANISM.

By J. A. DE ARMAND, M.D.,
DAVENPORT, IOWA.

FROM time to time medical writers volunteer some plan, not always new or promising, for the suppression of the device, more or less universal, which receives the designation given above. A late writer in the St. Louis Courier of Medicine, after reciting a case not at all remarkable or out of the ordinary, expresses the conviction that if somebody would write a book which could be read and understood by the laity a great evil would be overcome. Admitting this to be a consummation devoutly to be wished for, yet the writing of a book or a dozen books would

hardly accomplish in a small degree the wonders dreamed of. A few years ago an Iowa author expressed the opinion that nothing short of acquainting the laity with a safe and harmless means of preventing conception would uproot a social evil which, in his opinion, was fast bringing to invalidism unnumbered men and women. This whole question needs to be handled with delicacy, for, while it is one that concerns and probably affects the present and future people, it is not one that needs to be hawked about to the edification of a few people who enjoy the border line of dangerous ground.

With a view to studying this question in a few of its details, let us notice not only some of the means offered for relief, but the conditions which are supposed to call loudly for relief. Let us notice the result of the participation in the vice, that its effects may be studied as a group instead of by the selection of an isolated case for oratorical hysterics.

By conjugal onanism is meant the interruption of the copulative act whereby the seminal fluid is not permitted to enter the vagina. The aim is the prevention of conception. A number of mechanical devices have been offered, having for their aim the accomplishment of this purpose. Thus far none of them can be considered effective, and surely none are devoid of harmful effects. The first matter that presents itself, aside from an ultra-moral ground founded on scriptural injunction, which need not concern us here, being a matter for consideration at the hands of another profession entirely, is in what manner is the act injurious and which of the parties is most affected. Sexual congress is a physiological act which in its scope and diversity runs through the entire animal kingdom. It is almost as varied in its means as its representatives are in outline and characteristics. In the alchemy of nature there is the egg and the seed, and this fact is the same all through the scale from man down. The means of accomplishment of conception differ, but the end attained is the same. Many of the attendant circumstances of the act cannot be considered as essential to its accomplishment. The female is passive so far as the physiological act is concerned. Any cerebral sensations which may attend the act are incidental only and do not affect in any way the success or failure of the act itself. The condition of the female organs of generation, not following the

line undeviated from in the lower orders, may or may not be in a state of congestive excitement at the time of congress. This being true, it manifestly cannot prove so very harmful if the act is abridged in its duration or limited in its extent. An old and more or less fanciful theory gave to the complete sexual act the complimentary flattery of relieving the congestion of the os uteri and neighboring parts by the contact with the seminal fluid. This is a theory that never had any bottom to stand on. So far, then, as the female is concerned, there can be very little, if any, harm resulting from the sudden interruption or termination of an act that is largely a passive one.

Most writers on this subject, so far as my observation goes, find much to bemoan for the man in this lapsus naturæ. When it is remembered that a very large proportion of these same writers find no reason for offering anything but matrimony as a cure for the seminal losses and sexual weakness which follow self-abuse, it is not strange that their wild fears are estimated on the basis of worth, and not judged by the pitch at which they are delivered. When it is remembered that the sexual act has been prostituted from the purpose of propagating and continuing the race to an act for carnal pleasure, there do not seem to be strong grounds for believing that safety lies alone in normally performing an abnormal act. The seminal fluid is fabricated as demanded. The powers of the human organism, in its efforts to keep step with a perverted judgment and a penchant that is ungoverned, is one of the most remarkable traits of which our bodies are examples.

The copulative act in the male is the exact converse of that in the female. The mere loss of semen is the smallest part of the loss. Through the abuse incident to undue, intense, or prolonged excitement of the nervous telegraphy between the organs of generation and the spinal cord there is danger of injury both serious and lasting. This fact is just as true, although the degree is less, in natural as in artificial means. Unduly repeated acts injure the nervous control and, the greater the violence, the greater the injury. Nature will supply the material, but the sexual orgasm being a nervous explosion akin to a convulsion, if too frequently repeated, will injure the nervous system controlling the function. There can be no doubt but that any deviation from nature's plan

is more or less fraught with harm, but the danger lies not entirely in the manner, since hopeless and irreparable harm often comes from simple repetitions of a physiological act.

Underlying this whole question is a principle which affects countless thousands of the race. The fear and dread of a progeny which poverty and ill health make undesirable on one hand and an unbridled passion on the other are the factors which break up the home or lead to crime against the moral law. The truth of the whole matter to the physician lies in counseling moderation. He does his whole duty who points out the pitfalls that lie ahead. The result of lust is everywhere and always the same. It matters not which road is taken, the landing-place is the same old vile depot. To warn the weak and erring is all that can be done, but in doing it let not the cry be in any degree hysterical. There is no great thoroughfare, but there are countless thousands of paths leading to soul-torture and bodily pain, and more is the pity there are so many who will follow them.

Then I would not offer to further attack the citadels of virtue and innocence with any devices for controverting nature's plan; I would not rush into print offering to the laity a book that would exaggerate into a crime a procedure that lack of better knowledge makes the only means a poverty-wracked people have of preserving domestic unity; and, finally, I would advise the counseling of weak and suffering humanity that moderation in all the conduct of life is indispensable to a manhood and womanhood of health and an old age of peace and content.

DIPHTHERIA.

By R. B. HOPKINS, M.D.,
MILTON, DEL.

THERE is probably no disease in the category of medicine, which the physician is called to treat, fraught with more uncertainty than diphtheria.

Much has been said and written. We purpose, therefore, not to enter into any lengthy discussions concerning its etiology or symptomatology further than to serve the object in view. Let the reader, consequently, assume that any intelligent physician who has had experience in the treatment of this disease can make a correct diagnosis.

Etiology—The concordance of opinion is

that diphtheria is due to a specific micro-organism. When and where this specific virus originates science as yet has not been able to strictly locate. When once established, when a nidus has formed, the question is easily solved; but how can we account for isolated cases? From what we have experienced, our belief is that there is a peculiar effluvia, miasma, or specific bacillus that arises from the ground, and, meeting with a favorable culture-medium, there inoculates itself. Every case of diphtheria that we have treated has been with persons exposed to the inclemencies of the weather, whose clothing or feet had become damp and remained in this condition for hours. To illustrate: H. S., aged 12 years, was allowed to go barefooted during a very damp, rainy day. In the evening he was seized with a chill. The next day he complained of soreness in the throat, with enlargement of the glands of the neck. The day following there was noticed, on the right tonsil, a small diphtheritic deposit. This rapidly spread, and in three days had involved both tonsils, the arch of palate, uvula, and extended into the posterior nares. We might enumerate other cases of the same description. This patient had been exposed, and in his physical condition formed a suitable nidus. This was strictly an isolated case occurring in a town of twelve hundred inhabitants.

Diphtheria is generally accepted by the profession as a highly-contagious disease. From our experience we would rather term it infectious, as we seldom see two cases occurring in the same family. This may be attributed to isolation, carefulness, and cleanliness.

Treatment.—This is the subject of all importance in dealing with this dread disease. Let the cause be what it may,—accepting the theory that it is both contagious and infectious,—we now come to the medicaments to be employed, remembering that we have a systemic as well as a local treatment to inaugurate.

We fear that physicians in general are led to lay too much stress on the local, neglecting the systemic management.

The Local Treatment.—Space would not allow us to enumerate the many remedies that have been recommended. Let the application be what it may, it should be mild. The physician of to-day would not think of making the strong applications that were made in times past. Think of applying to the delicate mem-

brane of the throat and fauces (made still more delicate by reason of the inflammation) such strong drugs and preparations as the undiluted tincture of iron, phenol, hydrochloric acid, and strong solutions of potassium chlorate! Such applications are contrary to reason, unscientific, and do absolute harm. They have a tendency to cause the spread of the disease by their escharotic action on the healthy parts—making new fields for the inoculation of the poison. We want, therefore, a remedy which is mild, efficacious, and possessed of antiseptic virtues. There have been no remedies in our experience that meet the indications better than a combination of menthol and alcohol. And the results we have obtained from the administration of these two drugs make us rather sanguine in presenting them to the profession. Alcohol, we believe, has been the sheet anchor of our treatment. Alcohol, without a doubt, is one of the best antiseptics we possess. It acts in a twofold manner,—first, as an antiseptic; second, as a stimulant; for there is no disease that indicates antiseptics or requires early and persistent stimulation more than diphtheria.

Menthol, also, is endowed with similar virtues, counteracting that foetor which, once experienced, is never forgotten,—a systemic antiseptic influencing the entire organism. The prescription we have used the last few years is the following:—

R	Menthol.,	.	.	.	gr. j.
	Alcohol.,	.	.	.	ʒij.
	Syr. simp.,	.	.	.	ʒij.

M. ft. mistura.

Sig.: Teaspoonful every hour, diluted if necessary.

Let the patient use the solution as a gargle as well as internally. This is for a child from 8 to 10 years; for an adult, double the dose. Do not expect, after the first application, to see the membrane vanish; but persist in its administration, and you will find that, after three or four days, the membrane will gradually fade and disappear. To the above we have, on several occasions, added 5 grains of potassium chlorate. This we think an improvement. The advantage of this formula is that it combines the local with the systemic treatment. You need a stimulant to assist the flagging heart and exhausted nervous system, for here falls the virulence of the malady. In connection with this quinine may be given,

morning, noon, and night, in doses proportionate to age. Let the dose be a stimulant, not a sedative. For a child, gr. j. The nourishment should be most nutritious,—milk with the addition of cream, beef tea, rice, and broths.

What can we say for the application of the solid stick of nitrate of silver? We most emphatically protest against its use, for silver nitrate will not stay the spread of the diphtheritic deposit; as said before, strong applications, if allowed to come in contact with healthy parts, are only a means of forming a nidus for auto-inoculation. If applied with all care, what good can it accomplish further than an antiseptic? And we have other remedies that are safer and more applicable than silver nitrate.

Under this form of treatment that we have outlined and followed we have not seen those cases of extreme nervous prostration, but the weak heart has been stimulated and the entire system invigorated. The membrane has not extensively spread after the administration of remedies; and, more, we have not, thus far, seen a patient die. We do not wish to convey the false impression that we have never lost a diphtheritic patient; we have under other forms of treatment, but none, thus far, under this. My experience with this disease has not been as extensive as some, yet I hold that alcohol and menthol are potent remedies; and any communications from brother-physicians on this subject will be kindly received and cheerfully answered.

ABSTRACTS.

ACUTE INFLAMMATION OF THE LINGUAL TONSIL.

At the second French Congress of Internal Medicine M. Beausoleil, of Bordeaux, remarked that the lingual tonsil may become inflamed from the same causes which produce inflammation of the palatine tonsil. The attack may begin suddenly; generally it is gradual. The patient experiences various troubles at the back part of the throat, the sensation as if a foreign body were in that situation, and is constantly endeavoring to swallow or expel the object. Deglutition, difficult from the first, becomes very painful, and patients may refuse all nourishment during the acute

period of the disease. The diagnosis is made by laryngoscopic examination. As treatment the speaker recommended emollient and carbolyzed gargles. After the acute stage, in order to prevent relapse, he advises painting with preparations containing iodine, with the addition of trichloroacetic acid. If the tonsil be hypertrophied it should be deeply cauterized with the galvano-caustic, the laryngeal mirror being employed in order to avoid injuring the epiglottis.—*La Médecine Moderne*.

ACUTE NEPHRITIS COMPLICATING ECZEMA.

Most cases of nephritis or albuminuria observed in the course of eczema may be ascribed to the action of some toxic drug, and cases of nephritis produced by the cutaneous disease are very few. Dr. C. Bruhns, of Leipzig, has reported seven cases in which eczema was complicated with acute nephritis. In all these cases the kidney trouble may be regarded, either with certainty or a high degree of probability, as having been caused by the eczema. The renal disorder could not be attributed to the drugs employed, for in three of these cases albuminuria was present before the use of any substance capable of having an action upon the kidney. In the fourth case a dressing of diachylon ointment had been used, but intoxication from lead could not be regarded as the cause of the nephritis. Passler has recently described a case of nephritis due to the use of diachylon ointment in eczema. That author looked upon the case as of plumbic origin only because a stomatitis developed. In the case of Dr. Bruhns there was no stomatitis, lead colic, diarrhoea, or blue line upon the gums. The quantity of lead ointment used had not been excessive. If it were argued that this was a case of personal idiosyncrasy in the patient, it is at least strange that the first symptoms of nephritis did not appear until a month after the application of Hebra's ointment. In the fifth case it was at least improbable to suppose that the nephritis was due to drugs, because a storax ointment had only been used for three days and the first symptoms of nephritis did not show themselves until four days after discontinuance of the application. In the sixth case storax and the balsam of Peru were used. Litten, Vamossi, Bräutjens, and Lovak do not admit the possibility of a nephritis provoked by Peruvian balsam. Unna has described a transitory

albuminuria after the employment of storax, but not a nephritis properly so called. The case of Dr. Bruhns was a serious inflammation of the kidney lasting for several weeks, and the first signs of which developed four or five days after disuse of the storax. In the author's seventh case the origin was still more doubtful; at all events, the nephritis was of a grave character and resembled that of the preceding cases.

Salvioli has seen, in a case of impetiginous eczema covering the whole body, on the forty-third day of the affection, the development of an acute nephritis which he attributed to the disease of the skin. The patient died three weeks later, and at the autopsy a glomerulonephritis was found. A. Bluhm has described a nephritis cured at the end of seven days, and which occurred in a patient suffering from impetiginous eczema of the hairy scalp. Living, in his studies concerning the presence of glycosuria during eczema, mentions the rather frequent occurrence of albuminuria in the course of the cutaneous affection. Finally, Müller has seen an hæmorrhagic nephritis which was cured on the seventh day arise in a case of impetigo contagiosum.

Experimental eczema produced in animals cannot be taken into consideration, for we cannot here be sure as to what causes the nephritis,—the cutaneous lesion or the means by which that was occasioned.

If the nephritis be looked upon as a direct consequence of the cutaneous lesion, it must be confessed that its pathogenesis is most obscure. It has long been known that there exists a relation between the kidneys and the skin, but we may not, upon this ground, admit an hypothetical etiology. All we know is that, when, for example, a large portion of the integument is chilled, a nephritis occurs resembling that which is seen in these cases of extensive eczema. We may not, however, assert that the mode of production is in both cases the same, and nothing is known concerning the etiological factor of the affection.

It may, nevertheless, be admitted that, for the production of a renal lesion in eczema, a certain individual predisposition is necessary. In fact, although most patients suffering from generalized eczema have no trouble with the kidneys, others become the subject of nephritis during an eczema of comparatively slight extent.

In cases of nephritis consecutive to an eczema which occurs without known cause and spreads rapidly to a large portion of the skin, it might be granted that one and the same infectious agent has produced both lesions. This theory, however, like all the others, is based upon no demonstrated fact. As to the diminution or abolition of the functions of the skin, which has been suggested as a cause of the nephritis, we may, with Bunge, certainly exclude the supposition. From the experiment of Senator, who covered the greater part of the integument with an impermeable substance (diachylon with collodion, etc.) without causing by this abolition of the cutaneous functions any lesion of the kidneys, the nephritis which is encountered in the course of a skin disease cannot be ascribed to the retention of the components of the perspiration.—*La Médecine Moderne*.

PHENOCOLL HYDROCHLORIDE IN WHOOPING-COUGH.

At the French Congress of Gynecology, Obstetrics, and Pediatrics, M. Martinez-Vargas, of Barcelona, said that among all the therapeutic methods which he had employed in whooping-cough nothing had diminished the severity of the paroxysms, reduced their frequency and complications, like phenocoll hydrochloride. From January of 1894 to July of 1895 the speaker had employed phenocoll in 42 cases, among which he particularized those of a young man 24 years of age, of an infant 1 month old with cyanosis due to the persistence of the foramen ovale, of an extremely rachitic child, and of a young girl with broncho pneumonia attended by high temperature. In all these cases improvement began within twelve hours; in other cases at the end of twenty-four to forty-eight hours. In young infants and in very complicated cases the drug did not produce somnolence, vomiting, collapse, or any troublesome symptom. The remedy was given in a sweetened watery solution. Absorption is rapid, and elimination begins by the urine at the end of twenty minutes, and is complete after fifteen or twenty hours. Phenocoll seems to act specially by diminishing the intensity and frequency of the cough, not, as the speaker thinks, by a microbicidal power, but by its sedative influence on the trigeminal and superior laryngeal nerve.

The speaker condemned the open-air treat-

ment of whooping-cough because it is inefficient; it predisposes to fatigue of the heart, which particularly needs rest; it exposes to cold, which occasions pulmonary complications; and it favors the dissemination of the disease.—*La Médecine Moderne*.

HEMILATERAL CUTANEOUS LESIONS CONSECUTIVE TO SURGICAL OPERATION.

M. François Hue reports the case of a woman, 52 years of age, upon whom he had operated for a fibrous polyp. After the operation the patient's left side seemed inert, and she did not recover the entire use of her senses; she appeared to be in the mental condition of hemiplegic patients. Motility, however, gradually returned. All then went well, without fever, for the first forty-eight hours, when, upon the third day, she complained of violent substernal pain radiating into the left arm and left leg. Its intensity caused for a moment a suspicion of angina pectoris. The left upper and lower limbs were at the same time the seat of a notable hyperæsthesia, so great that the patient could scarcely support the weight of the covers. Little by little the pain decreased, but the temperature rose to 39.5° C. (103.1° F.) and more, while an eruption appeared which attained its maximum upon the fifth day. This eruption was, from the first, peculiar in occupying only the left side of the body. It remained limited exactly to the presternal median line, never crossing it to the right side. It is to be remarked that the patient was left-handed. The eruption was thickest upon the upper extremity, especially the forearm and hand. It consisted of phlyctenulæ, one or two centimetres (about one-third to three-fourths inch) in diameter, filled with sanguinolent serum, and the adjacent integument was violaceous, recalling the aspect of burns of the second degree. The blebs were especially developed in the situation of bony prominences of the hand, and at the extremity of one or two fingers there was observed the appearance of gangrene from arterial obliteration. The circulation was unaffected, however, and the arterial pulsations were unusually perceptible. In addition to the phlyctenular lesions there were present, upon the posterior surface of the forearm, two spots covered by a small, dry scar resembling that produced by the thermocautery. There were also a number of red macules, some of which were slightly elevated.

The face and neck were free, as were the leg and foot. Upon the thigh and buttocks were only two or three phlyctenulæ. The hyperæsthesia of the beginning partially persisted, but was much less in degree. The general condition was grave and of typhoid character. The expression was dull, the tongue dry, and there was a constant mild delirium. There was no vomiting or diarrhoea; the urine was normal and contained no albumin or sugar. There were no chills. The temperature, after having reached 39.5° C., appeared rather to descend; the pulse, which was regular, rose to 120 or even 130. Auscultation of the heart was rendered difficult, but disclosed nothing in particular. Death occurred upon the sixth day, from aggravation of the infectious condition.—*La Médecine Moderne*.

CAVERNOUS ANGEIOMA OF THE EAR.

At the Fifth International Congress of Otolaryngology, held at Florence, M. Moure remarked that angiomatic polypi are very rare lesions of the middle ear, if we may judge from the small number of reported cases. He had found, in fact, only the case described by Politzer in his work, and that reported by Dr. Richard Hutington (*sic*) in America. The speaker then related the case of a woman, 47 years of age, who had suffered for several years from suppuration of the ear, and who complained of pain and especially of rather abundant spontaneous hæmorrhages from the meatus. Upon examination he discovered a tumor which projected almost to the exterior of the canal. It was of a grayish aspect. Its extremity exhibited a red prominence from which the hæmorrhage came. Ablation practiced with the ordinary *serre-nœud* produced a very abundant flow of blood, necessitating a tampon of iodoform gauze for three days. Recovery was rapid. Examination made in the laboratory of pathological anatomy of the faculty of Bordeaux showed that the tumor was a cavernous angioma, the cavity of which was extremely dilated. This cavity constituted almost the whole of the tumor.—*La Médecine Moderne*.

SUDDEN DEATH IN A CASE OF FRACTURE OF THE PATELLA. DANGERS OF MASSAGE.

M. Cerné reports the following case: A man, 37 years of age, fractured his knee-pan in falling to the ground. The fracture was

sharply transverse, with a small inferior fragment. The separation of the fragments seemed small, about one centimetre (one-third inch). Interarticular effusion was not very considerable. For these reasons arthrotomy with suture of the fragments was not deemed expedient, it being thought that the ulterior function of the limb with a fibrous union of little extent would be satisfactory. Treatment was by means of immobilization in a grooved splint slightly elevated and the application of sorbifacient compresses.

The effusion soon disappeared. At the end of three weeks the patient, who was strong, active, and of a good constitution, wished to know when he could rise and leave the hospital. He could easily raise his limb from the bed. There was some motion, but limited, in the knee-joint. The leg, however, was clammy, both above and below the articulation.

The writer intended soon to apply a silicate dressing, but was desirous first of facilitating the absorption of the exudates, of promoting the nutrition of the quadriceps (which, according to most authors, atrophies), and of rendering the joint somewhat mobile. He accordingly prescribed gentle massage to the thigh, as was his usual custom. There was at this time no appreciable pain in any part of the limb. Massage had been practiced on several occasions, particularly on June 17th, when, on the 18th, the patient was suddenly seized with suffocation and died within a few minutes. At the autopsy the pulmonary artery was found obliterated by large thrombi derived from the deep femoral vein. It is not absolutely demonstrated that massage should be blamed for the result. Nearly twenty-four hours had elapsed since massage had last been performed, but it is undoubted that the practice was dangerous and that it might have determined this migration of a clot. It is very possible that, by breaking up the clot, it had facilitated its transmission.—*La Médecine Moderne*.

CONTRIBUTION TO THE ETIOLOGY OF SCARLET FEVER.

E. F. Kemper, from a clinical study and bacteriological examination of the lesions of scarlatina, concludes that the lymphatic system seems to play an important part in defending the economy against the streptococcus. The evacuation of pus by the cervical glands in the first two weeks of scarlatina apparently

protects against a severe nephritis. During the period of desquamation oscillations of temperature of short duration may be observed, and are difficult of explanation. The weight of the body of patients less than 10 years of age appears to remain constant, notwithstanding the various morbid conditions which arise during the course of the fever.

The author has never found the Klebs-Löffler bacillus in the pseudomembranous angina of scarlatina. On the contrary, the streptococcus is present in the tonsillar crypts from the beginning of the malady, sometimes even as a pure culture. It persists in that situation after disappearance of all the inflammatory manifestations. If the rash is intense the streptococcus is also found in the vesicles of the miliary eruption. If the disease is of rapid development and early prove fatal without any local lesions, the micro-organism is perceived in the blood as a pure culture. The disease in such cases develops as a streptococcous septicæmia.—*La Médecine Moderne*.

TETANUS FROM TONGUE-BITES IN ECLAMPSIA OF PREGNANCY.

Abelin states that a woman was seized one day last spring with severe eclampsia, and was hurried off to the Rochefort Maternity. In the cab a very severe fit occurred. On her arrival the tongue was found very severely wounded in several places. A chloral enema was given, the fits became less frequent and violent, and the forceps was applied. A live child was delivered. The eclampsia disappeared. The patient did well till the end of a week, when violent pain in the tongue came on, followed by forty hours of acute tetanus, ending in death. Infection by the tetanic bacillus through the tongue wounds evidently occurred, most likely during the ride to the maternity. As eclampsia specially interferes with the functions of the liver, so that blood-poisons are no longer arrested and destroyed, the prognosis of tetanic infection after convulsions must be unusually grave.—*British Medical Journal*.

HEMIHYPERTROPHY OF THE FACE.

M. Peppo Acchiotté exhibited to the Medical Society of Constantinople a child who was afflicted with hypertrophy of one side of the face. At birth but a slight degree of facial deformity was observed. The asymmetry in-

creased with the progress of time. At the age of 3 the entire left side of the face, beginning at the median line, was involved. Skin, adipose tissue, muscles, organs of special sense, and bones were larger than upon the right side. There was no corresponding atrophy of the right side. The circumference of the skull, taken at the level of the root of the nose to the occipital protuberance, measured upon the left side twenty-three centimetres, and upon the right twenty centimetres.

The intelligence was not that of a child of its age. It could with difficulty articulate words, the most of which were unintelligible. The child, however, was not idiotic, and plainly understood what was said to him, but, according to the statement of the parents, did not hear very well with the left ear. There was no sign of hydrocephalus, and the child had never been subject to convulsions. There was no evidence of heredity. Syphilis, alcoholism, and rachitis were absent from the family history.—*La Médecine Moderne*.

TUBERCULOSIS IN THE AGED.

Professor Potain compares tuberculosis as it occurs in the aged and the adult. The symptomatology in the former presents certain peculiarities. Hæmoptysis, for instance, is more rare, and bronchial symptoms more marked. When hæmoptysis is met with in the aged, another condition than tuberculosis is always suspected. Fever is more rare than in the adult, but is more difficult to recognize, as the peripheral circulation of old people is less active and the axillary temperature, consequently, inexact. There is also less sweating in the old. On the other hand, expectoration is always very abundant on account of the catarrhal tendency which is always present. Dyspnœa is frequent, because even the normal pulmonary area is more or less diminished. It is, however, particularly as regards the digestive system that difficulties arise, and it may be said that these symptoms trouble the patient more than the pulmonary lesions. Moreover, while consumptives of middle age may retain a certain degree of flesh, the old person emaciates and acquires an earthy hue.

The prognosis of tuberculosis in the aged may be said to be grave. Nevertheless, it assumes nearly always the torpid form, and its gravity is then not much more than that of simple bronchitis. We should, in fact, under-

stand that the latter is definitive in persons of advanced years, and is never cured. It does not destroy, but it creates in the patient a condition of functional inactivity which forms a serious complication to any intercurrent disease. An old person who suffers from a chronic bronchitis is in almost as precarious a position as if he suffered from tuberculosis.—*La Médecine Moderne*.

A DOMESTIC TEST FOR ALBUMINOUS URINE.

At the meeting of the New York State Medical Association, Dr. John G. Truax, of New York City, read a paper on this subject. He said that the heat-and-nitric acid test was open to certain fallacies, if the test were not applied with the greatest care to urine containing only small quantities of albumin; that the reaction of uric acid and the urates with nitric acid frequently invalidated the results of the cold nitric-acid test; that the picric acid test required that the reagent should be carefully compounded, and, moreover, it would precipitate alkaloids in the urine; and, lastly, that these reagents were not convenient to transport, and could not be readily obtained at the bedside. The test which he proposed involved the use of a reagent that could be obtained readily in almost any house, and the test was so simple that it could be quickly and accurately applied at the bedside. All that was necessary was to pour some alcohol (60 to 95 per cent.) into a test-tube, or even into a tumbler, and then to drop into the alcohol the urine to be tested. If albumin were present white streaks would appear in the alcohol as the urine passed through it to the bottom of the vessel. The only other substance found in the urine that was likely to give a similar reaction was mucus, and then the manner of coagulation was different, the mucus coagulating in a diffuse cloud, instead of in well-defined lines or streaks. The test could also be applied by floating the alcohol on the surface of the urine, in which case the cloud or ring formed at the junction of the two liquids would be sharply defined in the case of albumin, and more diffused if the coagulation were due to the presence of mucin. This alcohol test was not wanting in delicacy, for it had been found to give the reaction when only one part of albumin had been present in ten thousand parts of urine. It was, therefore,

even more delicate than the cold nitric-acid test, and, in the author's opinion, was fully as accurate and rather more delicate than any of the usual tests employed for detecting the presence of albumin in the urine.—*New York Medical Journal*.

URIC ANGINA.

Dr. F. Danziger relates the case of a traveler, 44 years of age, who had always been healthy and denied having had syphilis or being accustomed to alcoholic or venereal excesses. He had never suffered from throat trouble or rheumatism. In July, 1879, he was suddenly attacked by sharp pain in the throat, accompanied by much difficulty in swallowing. On the following night he was seized with a typical paroxysm of gout. The right great toe was very painful and swollen. The gout lasted fourteen days, and was treated by means of ointments and salicylic acid. The disease of the throat was of the same duration, and disappeared simultaneously with the gout. In 1884 there was another attack, again attended with pain in the throat and difficult deglutition. The patient noticed that his palate was very red. The gout and the angina left him at the end of three days. Since 1885 the gouty seizures had recurred twice each year; each lasted two or three days. The patient always suffered from sore throat on the day before; so that he could foretell an access of gout.

In the summer of 1889 the throat trouble was of exceptional severity, and was succeeded by a violent attack of gout. On this occasion both disorders lasted for four weeks. On the eleventh day there was suppuration of the right tonsil. After a resort to Toeplitz the patient had a respite of three years. Beginning with 1892, however, the attacks became more frequent and occurred six or eight times a year. During the last year they were of almost monthly occurrence, always being preceded by sore throat, the duration and violence of which corresponded to those of the gouty paroxysms and abating at the same time as the latter.

At the end of August sharp pain in the throat again occurred, followed in the night by a peculiarly severe paroxysm of gout. Both difficulties were resistant to all treatment. On September 14th the right great toe and articulation of the right foot were much swollen and extremely painful. The pharynx and soft

palate were of an erysipelatous redness, especially the right pillar of the palate. Palpation revealed the presence of pus in that situation. An incision caused the escape of two teaspoonfuls of pus. Nevertheless, neither the pain in the throat nor the gout was alleviated. Three days after the incision had been made and its edges had united, the abscess was again opened and gave exit to three or four teaspoonfuls of pus. From that time the pain gradually lessened. On October 30th the only trace of the angina was a little redness and the right great toe was normal. This case appears to be unique. In most cases described the angina disappears as soon as the gout is developed.—*Revue de Laryngologie*, etc.

THE RELATION BETWEEN NOCTURNAL ENURESIS AND ADENOID VEGETATIONS OF THE NASO-PHARYNX.

Dr. Groenbech, of Copenhagen, reports 30 cases of adenoid vegetations of the nasopharynx accompanied by nocturnal enuresis. (Of 192 cases of vegetations examined in 1892, 26, or 13 per cent., were attended by nocturnal incontinence of urine.) Of 23 patients operated upon 12 were cured, immediately or shortly after the operation, of the bladder difficulty, which had been in existence for several years, and no relapse occurred during the time of observation. Five cases were notably ameliorated, 2 were slightly improved, and 1 was only under observation for nine days, during which no enuresis appeared. In 3 cases only did the incontinence remain uninfluenced by the operation. The author narrates a case showing a relation between enuresis and obstruction of the nasal respiration. When the latter is re-established the former ceases; it augments and diminishes coincidently with the embarrassment of respiration through the nose. The author's conclusion is that in each case of bed-wetting the nose should be examined for vegetations, the most frequent cause of nasal obstruction in children.—*Revue de Laryngologie*, etc.

OBITUARY.—Dr. Charles Finley Hersman died in October, of nephritis. At the time of his death he was Professor of Clinical Medicine in the Missouri Medical College. The death is announced of Dr. A. Tebaldi, Professor of Psychiatry in the University of Padua.

THERAPEUTIC NOTES.

CATARRHAL ANGINA.

℞ Boric acid, ... ʒiiss.
Decoction of marsh-mallow
root, ... ʒvj.
Syrup of honey, ... ʒiss.
M. Sig.: As a gargle.

Descroizille orders:—

℞ Sydenham's laudanum, ... gtt. v.
Barley-water, ... ʒvj.
Honey of rose, ... ʒiss.
M. Sig.: As a gargle.

℞ Barley-water, ... ʒv.
Honey of rose, ... ʒj.
Syrup of mulberry, ... ʒj.
Syrup of clove-pink, ... ʒiiss.
M. Sig.: As a gargle.

℞ Alum or tannic acid, ... ʒss.
Syrup of mulberry, ... ʒj.
Honey of rose, ... ʒj.
Decoction of barley, ... ʒvj.
M. Sig.: As a gargle.

Internally:—

℞ Sodium benzoate, or
Potassium chlorate, ... gr. xv-ʒj.
Syrup of mulberry, ... ʒv.
Hydrolate of linden, ... ʒiij.

M. Sig.: Teaspoonful every hour. — *Le Progrès Médical*.

BROMOFORM IN PULMONARY AFFECTIONS.

K. Stepp, who was the introducer of bromoform as a whooping-cough remedy, has seen some good results follow the use of this medicament in certain pulmonary affections in adults—such as phthisis, fibrous pneumonia, and emphysematous asthma, and also in the broncho-pneumonia of children.

According to the author, bromoform is of no benefit during the ulcerating period of pulmonary phthisis. However, with tuberculous but apyretic patients showing no signs of pulmonary softening, but which, nevertheless, present a cachectic state, with abundant expectoration, Dr. Stepp has obtained a decrease of expectoration, an increase of their appetite and weight, and a betterment of their general health by the administration of four to six capsules daily, each containing 0.5 gramme (3 minims or 8 grains) of bromoform. The treatment, he states, may be continued for several weeks without interruption. He has seen several cases in which about three hun-

dred capsules of bromoform were taken in the above manner, without the least inconvenience being felt.

In fibrous pneumonia in adults and in infantile broncho-pneumonia, Dr. Stepp has also obtained very favorable results from the use of this drug.

To adults the author prescribed the following mixture:—

R Bromoform, ... 2 grms.
Alcohol, ... 30 grms.
Water, ... 120 grms.

Sig.: Tablespoonful about every hour, so that the whole is taken during the course of the day.

To children affected with broncho-pneumonia he gave the following:—

R Bromoform, ... 9-25 drops.
Alcohol, ... 30 grms.
Water, ... 90 grms.
Simple syrup, ... 10 grms.

Sig.: Dessertspoonful every hour.—*American Medico-Surgical Bulletin.*

GONORRHOEA.

Jaisohn has treated six cases at different stages of the disease and obtained the most satisfactory results by using alkaline antiseptic injections. At the same time he administered liberal doses of alkaline diuretics internally; the object of which is not only to make the part alkaline by the local irrigations, but rendering the urine alkaline also. He uses a mercurial solution of the strength of 1 to 10,000, making this solution alkaline by adding potassa solution in the proportion of one-half drachm to the ounce (1 to 16).

The injections he administers at least every four hours, and internally he gives the following mixture:—

R Sodium bicarbonate, . . . 3j.
Spt. nitrous ether, . . . f3ss.
Potassium citrate, . . . 3ij.
Infus. linseed comp., . . ad Oj.

M. Sig.: A wineglassful every two or three hours.—*American Medico-Surgical Bulletin.*

In the second stage an excellent emulsion is

R Balsam copaiba, . . . 3j.
Milk of magnesia, . . . 3ij.
Aq. camph., . . . ad 3vij.

Ft. emulsio.

Sig.: Teaspoonful four times daily.—*Prescription.*

DIPHTHERIA.

Dr. O. B. Douglas, in the New York Medical Journal, says:—

“I know of no surer way to cure diphtheria than to attack it *in situ*. My method which has given best results is to begin at the earliest stage possible and give the following medicines with unfailling regularity:—

1. R Tinct. aconiti, ... gtt. xx.
Tinct. belladonnæ, . . . 3ss.
Glycerini, ... 3iv.
Aqueæ gaultheriæ, . . ad 3iv.

2. R Potass. chloratis,
Sodii bromidi, ... 3ss.
Glycerini, ... 3ss.
Tinct. ferri chlor., . . 3ss.
Aqueæ, ... ad 3iv.

M. Sig.: Half a teaspoonful for an adult.

“These are to be given alternately every half-hour, thus bringing the doses fifteen minutes apart. This frequency may seem severe upon the patient, who gets little sleep during the first twenty-four hours, but we have a severe antagonist to combat and must not relax our warfare till we conquer, which I expect to do with almost as much certainty as I should in a case of measles. In addition to Nos. 1 and 2 I should always use a spray—often and freely—composed of 12 grains of carbolic acid in 4 ounces of lime-water. All these preparations are agreeable to take. I give liquid nourishment freely, milk being ordinarily best; also whisky, sparingly at first, but sufficiently to get the desired effect as a tonic. Bichloride of mercury may be of service sometimes. Intubation or tracheotomy is to be resorted to if necessary.”

A TREATMENT OF ERYSIPELAS OF THE FACE.

A Bulgarian physician, Dr. M. Zentler (Watza), recommends the following treatment for erysipelas of the face. The affected parts are covered with compresses steeped in the following solution:—

R Salicylic acid, ... 10 grms.
Proof spirit, ... 20 grms.
Distilled water, ... 500 grms.

These compresses are frequently renewed night and day. In addition, to prevent the extension of the process, the margins of the patches and a portion of the healthy skin surrounding them are penciled every three days with the following mixture:—

R Camph.,
Sulph. ether, ... 30 grms.

—*American Medico-Surgical Bulletin.*

TREATMENT OF URETHRAL CHANCROIDS.

Dr. Clark, not finding the treatment of urethral chancroid satisfactorily detailed in any work on venereal subjects that he could find, reports his treatment and cure of two cases. With an endoscope he distends and examines the urethra, thoroughly burns every portion of each sore with strong nitric acid, using a small pointed strip of asbestos or cotton wound on a probe or a sliver of wood. The wounded surfaces are kept apart by well-oiled or vaselined pledgets of cotton, or, if stimulation is wanted, a mild ointment of red oxide of mercury is used. When the patient desired to urinate, a soft catheter well oiled was passed beyond the sores and, after urination, a fresh pledget of cotton is inserted into the urethra. Strict cleanliness was enjoined. The two cases recovered without complication. — *American Medico-Surgical Bulletin*.

WHOOPIING-COUGH.

Dr. J. Comby prescribes

℞ Pot. bromid., . . . ʒiiss.
Syr. aurant. flor., . . . ʒiss.
Aq. dest., . . . ʒivss.

M. Sig.: A tablespoonful every three hours.

Or, a combination may be used:—

℞ Pot. bromid.,
Sodii bromid.,
Ammon. bromid., . . . ʒi¼.
Syr. aurant. cort., . . . ʒiij.
Aq. destill., . . . ʒvj.

M. Sig.: Tea-, dessert-, or table-spoonful, according to age, every two or three hours.—*La Médecine Moderne*.

DIABETES.

In the nervous polyuria or acute diabetes mellitus of children, Dr. J. Comby has made use of

℞ Quinin. bromhydrat., . . . ʒss.
Antipyrin., . . . ʒss.
Ext. glycyrrhiz., . . . ʒiiss.
Aq. destill., . . . ʒij ʒij.

M. Sig.: Two or three tea-, dessert- or table-spoonfuls at a dose, according to age.—*La Médecine Moderne*.

RHUS TOX. POISONING.

Dr. Silas Hubbard, of Hudson, Ill., in the Medical Brief, says:—

"A strong infusion of sweet clover with half an ounce of sulphate of zinc to the pint of the infusion, applied to the eruptions on the skin

three or four times a day, is the best cure for poisoning by rhus toxicodendron."

FURUNCULOSIS.

℞ Sulphur, ... gr. iss.
Camphor, ... gr. ʒ.

M. Sig.: Three such cachets to be given during the day.—*Times and Register*.

PRURITUS ANI.

As constitutional treatment, when constipation is present, Dr. Adler says that among other prescriptions which he has found beneficial are the following:—

℞ Extract of nux vomica, . . 6 grains.
Extract of belladonna, . . 2 grains.
Extract of physostigma, . . 2 grains.

Mix and make 24 pills.

Dose: One pill before meals.

℞ Extract of cascara sagrada, 12 grains.
Extract of nux vomica, . . 3 grains.
Extract of belladonna, . . 2 grains.
Resin of podophyllum, . . 2 grains.

Mix and make 24 pills.

Dose: One to two pills at bed-time.

℞ Powdered rhubarb,
Powdered purified aloes, ʒʒ 15 grains.
Powdered ipecacuanha, . . 4 grains.
Powdered nux vomica, . . 6 grains.

Mix and make 12 pills.

Dose: One to two pills at bed-time.—*Philadelphia Polyclinic*.

CATARRHAL AFFECTIONS.

An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the spray apparatus, douche, or syringe, is prepared as follows:—

℞ Acidi borici, ... ʒj.
Sodii boratis, ... ʒj.
Sodii chloridi, ... ʒss.
Listerine, ... ʒij.
Aquæ puræ, ... ʒvj.—M.

—*N. Y. State Medical Reporter*.

SEBORRHŒA.

In dry seborrhœa of the hairy scalp M. Brocq prescribes

℞ Naphthol-beta, ... gr. v.
Camphor, ...
Resorcin., ... ʒʒ gr. iij.
Sulphur. præcip., . . . gr. xlv.
Vaselin. pur., ... gr. iij.

M. ft. ungt.

Sig.: Apply twice a week.

In order to cleanse the scalp the following may be used:—

℞ Liq. ammon., . . . 3iiss.
 Sp. sacchari, . . . 3x.
 Tr. cinchon.,
 Tr. rosmarin., . . . 3j.
 Walnut-leaves water, . . . 3v.—M.

Or,

℞ Liq. ammon., . . . 3iiss.
 Sp. sacchari, . . . 3x.
 Walnut-leaves water, . . . 3vj.—M.

In seborrhoea oleosa a good formula is

℞ Sulphur., . . . gr. iv.
 Camphorated alcohol, . . gr. viij.
 Pure glycerin, . . . 3i℥.
 Distilled water, . . . 3vj.

M. Sig.: Use two or three times a week.—
La Médecine Moderne.

SYRUP OF ERGOTININE.

Tanret's formula is

℞ Ergotinine, . . . gr. ½.
 Lactic acid, . . . gr. ½.
 Syr. orange-flowers, . . Oij.
 Aq. destil., . . . 3i℥.

M. Each teaspoonful contains ½ milligramme (about $\frac{1}{160}$ grain) of ergotinine. Useful in hæmoptysis, epistaxis, and uterine hæmorrhage.—*Prescription.*

STRYCHNINE IN THE TREATMENT OF "INSOLATION" OF THE EYES.

M. Sous, of Bordeaux, published an account of a case, which recently came under his observation, in the *Journal de médecine de Bordeaux*, an abstract of which appears in the *Revue illustrée de polytechnique médicale et chirurgicale*. The patient, who was a captain in the navy, had exposed his eyes to a very bright light for a rather long time while taking some observations in mid-ocean at noon. Shortly afterward he noticed a marked trouble with his eyes, and in two months the visual acuity was 0.1 with central scotoma. The amblyopia was not of toxic origin.

In this case, M. Sous says, the affection made no progress after the first two months, and it might be considered as having been arrested, leaving only a certain inertia of the retina. The treatment employed by M. Sous, says the writer, consisted in stimulating the function of the weakened organ, and the following formula was prescribed: Distilled water, 150 grains; strychnine sulphate, 0.75 grain. Four drops of this liquid were injected in the left temporal region on the first day, and on the second day the same quantity was injected in the right

temporal region. After the second injection the scotoma disappeared and the visual acuity rose. The injections were made alternately in each temple once a day, and they did not cause any pain. The sight rapidly became ameliorated, for after the eighth injection, the treatment having lasted for eight days, the visual acuity became normal and the patient was able to read the smallest characters at a distance of five metres.

DIURETIN IN RENAL DISORDERS.

Dr. F. Best, Blanchard, Mich., recommends in renal diseases, especially in dropsy, very warmly the following formula:—

℞ Diuretini, . . . gr. cx.
 Aq. menthæ pip., . . . 3ij.
 Spir. gallici, . . . 3j.
 Eucalyptoli, . . . gtt. xxxv.

M. Sig.: To be taken during the twenty-four hours.—*Prescription.*

ON THE USE OF LARGE SUBCONJUNCTIVAL INJECTIONS.

Dr. de Wecker, of Paris, returned to large subconjunctival injections, and employs sublimite in solution of 1 to 2000. The therapeutic result has been so conclusive, as compared with that of weak injections, that doubt as to their rapid efficiency has not been tenable, either for him or for his pupils, who have carefully followed his work, and who have witnessed their surprising effects in a number of patients.

He ordinarily injects half a Pravaz syringeful, using the following formula:—

Sublimate, . . . 0.015 gramme.
 Salicylate of eserine, . . 0.05 gramme.
 Sterilized distilled water, . 30.00 grammes.

The myotic is only replaced by atropine or scopolamine when the case is complicated with iritis, and the combination of the sublimate solution with a myotic has seemed to produce a more favorable action than the simple sublimate solution.

The injections are first performed daily, during from one to three days after preparatory disinfection of the lashes with a 1 per-cent. solution of oxycyanide of mercury and irrigation of the conjunctiva with a 4 per cent. boric-acid solution. In antiseptic occlusion bandage for the eye completes the treatment. The intervals for the injections and the amount of fluid injected are regulated according to the

improvement. Even in very advanced cases of suppuration of the cornea with hypopyon, only six or eight injections are necessary to obtain recovery with clearing up of the diseased portions.

In using, exclusively, solutions of 1 to 2000 he claims to have never seen mortification of a portion of the conjunctiva, severe pains, or oedema of one or the other lid,—accidents described by his colleagues as “almost constant.” Far from that, the injections have seemed to be scarcely painful, if the eye were well cocainized; they have an undoubted calming action.—*Buffalo Medical Journal*.

TREATMENT OF PRURITUS.

At a meeting of the British Medical Association, Prof. McCall Anderson, of Glasgow, said that treatment should be directed against the supposed cause of the affection, and, should it fail, empirical measures may be tried. Local applications are but of secondary importance, internal medication being usually more efficacious. Among these the best is gelsemium sempervirens, tincture of cannabis Indica, carbolic acid, and, especially, atropine hypodermatically, as well as antipyrin and phenacetin in progressively increasing doses. Electrotherapy also gives good results. In debilitated subjects tonics, such as phosphorus, arsenic, and strychnine, are also indicated.

Dr. Myrtle, of Harrogate, called attention to the difficulty of treating the disease, owing to individual peculiarities of the patients. Remedies found useful in one case are injurious in another exactly similar. The best drugs in his hands have been the coal-tar derivatives and chloral. In severe cases applications of a 3- or 6-per-cent. solution of caustic potash to the affected parts give considerable relief.

Dr. Waldo, of Bristol, stated that a blister applied over the spine, on a level with the affected region, often gave good results, while in the pruritus due to osteo-arthritis affections sodium salicylate internally was beneficial.

Dr. Stopford Taylor, of Liverpool, placed little faith in internal medication, but recommended hygienic measures, proper food, and physical exercise. Frequent change of linen and alcoholic lotions are serviceable in the anal pruritus of bicyclists.

Dr. Barendt, of Liverpool, reported good results from the application of 2-per-cent. car-

bolized olive-oil to the affected parts for about five minutes at a time.—*Universal Medical Journal*.

THE TREATMENT OF PUERPERAL ECLAMPSIA.

In a paper read before the American Gynecological Society, Dr. Thaddeus A. Reamey relates several cases of puerperal convulsions treated by hypodermatic injections of Norwood's tincture of veratrum viride in from 10- to 20-drop doses, all of which recovered. He concludes his paper as follows:—

“The promptness with which the convulsion was arrested just as soon as the action of the veratrum viride was evident on the heart was marked. This confirms the views expressed some years ago before this society by Dr. Charles Jewitt. The drug acts directly on the cardiac muscle and also produces vasomotor paresis. The profuse diaphoresis which it also produces is quite worthy of note. No doubt the acute cerebral anæmia upon which the eclamptic attack depends is due to arterial spasm brought about by toxæmia. The immediate arrest of the convulsions is important, for there is peril in the convulsions themselves. The remedy mentioned will not only arrest the attack most satisfactorily, but will also stimulate the activity of the kidneys and skin. Blood-letting within the range of safety will not produce these results so well, and the patient is none the worse after the administration of the veratrum viride, which certainly cannot be said of blood-letting. The treatment is not at all dangerous, as an adult, if kept in the recumbent position, may take half a drachm of the tincture without danger. If it cause much depression alcoholic stimulants will promptly produce reaction. It is also fortunate that morphia, which is very useful in counteracting any depression produced by the drug, is in itself a potent agent in controlling the convulsions.”—*Medical Fortnightly*.

FUCHSIN.

Besides its employment as a staining agent for bacteria in microscopical work, Dr. G. D. Mackintosh has found tabloids of fuchsin—2 grains each—of the greatest value in chronic Bright's disease, reducing the amount of albumin eliminated. Dr. Elliott recommends an ointment of fuchsin with lanolin (2-4 grains to 1 ounce) as an application in Paget's disease.—*Medical Times and Hospital Gazette*.

THE Medical Bulletin.

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MODERN RESEARCH AS REGARDS CANCER.

WITH the macroscopical appearance of cancer and the local and constitutional symptoms which it causes the profession has long been familiar. The development of microscopical investigation has acquainted us also with its minute pathological anatomy. In an article contributed to this number of the MEDICAL BULLETIN Professor Laplace points out briefly, but in a very interesting and instructive manner, the morphological relationships of cancer. The belief has gained ground of late years that the lesion of malignant disease is, in the beginning, a strictly local affection. In the progress of time, as infiltration occurs, the malady spreads to neighboring parts and at length becomes generalized. Nutrition is profoundly impaired, a cachexia is established, and the case goes on to a fatal termination. There is much in the mode of extension of cancer to suggest the idea that it is of infectious origin. Our contributor points to the fact that, whereas an external irritation gives rise to a benign growth, a malignant neoplasm is occasioned by an irritation acting from within the organism. Attempts have been made by various observers to isolate a micro-organism as an etiological factor of carcinoma. Recent years have witnessed two movements in this direction. Darier and Albarran detected, in sections of cancerous tissue, bodies which Malassez and Balbiani (certainly high authorities) regarded as protozoa. The same organisms have been found by Cornil, Thoma, and Wickham. Whether they are really protozoa, however, and whether they must be acknowledged as the exciting cause of carcinoma, has not yet been decided beyond doubt. Dr. William Russell, of Edinburgh, has found in

cancer a peculiar body which, in certain respects, resembles the psorosperm, but differs from the latter in its mode of development, and which their discoverer considers as belonging to the vegetable world. Neither the animal nor the vegetable parasite has been convincingly demonstrated as the *materies morbi* of cancer.

Dr. Laplace very fittingly says that the occurrence of metastasis, so characteristic of morbid growths, lends support to the theory of a parasitic origin. That cancer occasions a toxæmia is patent to every careful observer, but the exact nature and effects of systemic intoxication from this cause have only of late been scientifically studied. The disturbing influence which cancer exerts upon tissue-change has been illustrated by Müller and particularly by Klemperer, who has found increased destruction of albumin, augmented production of urea, fatty degeneration of muscular tissue, and diminished alkalinity of the blood. In accordance with these discoveries Oppenheim, Deutschmann, and others have recorded certain interesting and obscure clinical manifestations during the course of cancer. Toxic products of tissue-change and possibly dependent upon the growth of micro-organisms have been very plausibly looked upon as the source of aphasia with paralysis and disturbance of vision followed by blindness in subjects of cancer without obvious lesion of the brain or apparatus of vision.

Another closely-related question relates to the inoculability of cancer. Experiments upon animals have generally failed, possibly by reason of improper methods. At all events, success has followed some attempts, for Hanau has produced carcinoma in rats and Wehr in dogs. More recently d'Arcy Power reported a series of experiments upon white rats with negative results. Hanau is of opinion that, in an undertaking of this kind, the operator should avail himself of fresh surfaces or the serous cavities of the body. He furthermore suggests that, as carcinoma is a disease of advancing years, old animals should be used as the subjects of such experiments.

Quite a number of cases have been reported in which inoculation of the human being

seems to have followed intimate personal relations with cancerous patients. For instance, cancer of the penis has been witnessed in men whose wives suffered from epithelioma of the cervix. It may be, as some have claimed, that such cases are merely coincidences, or that those simulating inoculation depend upon a strong constitutional predisposition. The relationship is, however, to say the least, suggestive, and it is desirable that all such cases should be published and analyzed with the utmost exactitude. The most recent instance of the kind, to which at the moment of writing we have seen but an allusion and have no knowledge of the particulars, concerns a physician in New York, who was thought to have contracted cancer while in attendance upon a case of that disease.

EPILEPTIC CONVULSIONS BEGINNING IN PROFESSIONAL MOVEMENTS.

M. CH. FÉRÉ, whose physiological and clinical work has often been noticed in the *MEDICAL BULLETIN*, has described an interesting case which illustrates the fact, demonstrated by Luciani and Tamburini, that those cerebral centres are most excitable which correspond to the muscles most often brought into action.* The patient was a woman, 32 years of age, belonging to a family of artisans of easy circumstances and free from neuropathic antecedents. She had two older sisters who enjoyed good health. Each sister had two healthy children. The patient was always well until her fourteenth year, when her menses first appeared. At several successive periods she suffered from one or two convulsive seizures, in which she suddenly fell backward with stiff arms, clenched fists, and turned in thumbs. She rolled her head and moved the four limbs symmetrically. Bloody foam issued from the mouth. When the movements ceased the girl slept for about a quarter of an hour, and remained in a state of lassitude during the day. She generally passed urine into her clothing. Upon one occasion she bit her

tongue badly. She received medical care for some time, when the treatment, which her relatives were not able clearly to describe, was given up because it did not seem to be of much avail. Attacks recurred at nearly every menstrual period until she was 18 years of age. They generally took place in the morning, soon after she arose, in the presence of one of her sisters who intelligently described the symptoms. At the date mentioned the crises disappeared without assignable cause. The patient married in her twenty-first year, had in two years as many children, who never had convulsions or serious nervous trouble. She herself continued in good health until the age of 28. During ten years neither her relatives nor husband observed anything which in the slightest degree resembled an epileptic paroxysm.

After the birth of her second child the patient began to work in a burnisher's shop. For four years she was employed there regularly without suffering any trouble due to the occupation. Four years ago she was, during a menstrual period, attacked in the morning while dressing. Her husband, who was present, knowing nothing of her antecedents, imagined that she was trying to frighten him, because, before she fell, she went through all the movements of her avocation with her right hand. Since that time such crises have often occurred during the catamenia, and sometimes even after slight emotion.

One of the sisters and the husband of the patient, who had often witnessed the attacks, described them in an identical manner. The patient looked fixedly before her, became somewhat pale, her right forearm flexed at a right angle, the elbow applied to the body, the shoulder leaning slightly forward, the hand closed, the little finger much more bent than the others, the thumb closed upon the other fingers, while she executed four or five horizontal to-and-fro movements, exactly the same as she used at her work. Then she suddenly threw herself backward with arms extended along her side, with shut fists and thumbs turned inward, the attack terminating in the manner already noted.

The two witnesses of the attacks insisted,

* Note sur un Cas d'Epilepsie dont les Accès débutent par des Mouvements Professionnels. Extrait des Comptes Rendus des séances de la Société de Biologie.

particularly and independently of each other, upon the different effect upon the hand at the beginning and during the generalization of the attacks. They dwelt upon the fact that at first the little finger was more flexed than the others and the thumb was outside, and this was exactly the way in which the tool was held at work. From the moment when the patient fell the attitude of the hand changed. The characters of the paroxysm, the duration of the convulsive period, which scarcely exceeded a minute, were those of epilepsy. The patient possessed no hysterical stigmata, and the attacks became less frequent when a bromide treatment was adopted. These attacks never occurred while she was at work.

The patient presented several malformations: there were nodosities upon the ears and the root of the helix was joined to the anti-helix; the hard palate was abnormal; both the upper and lower teeth were irregular, but there was no marked asymmetry of the jaws. Louis's angle was very pronounced in the sternum.

THE BROMIDES IN DISEASES OF CHILDREN.

THE useful series of papers which Dr. J. Comby has been contributing to *La Médecine Moderne* has, from time to time, been noticed in these columns. In the number of August 28, 1895, we find a communication upon the indications and contra-indications of the bromides in the affections of young patients. The author begins by mentioning the chief bromine combinations which have been thus employed, and expresses a favorable opinion of ethyl-bromide as an anæsthetic in short operations. He refers briefly to the physiological action of the alkaline bromides, pointing out the fact that they diminish muscular power and nervous energy as well as sensibility of mucous membranes. In large doses potassium bromide is capable of causing gastralgia, diarrhoea, epistaxis (by lessening the density of the blood-serum), actual paralyzes, acne, offensive breath, and a cachectic condition with emaciation.

The bromides are particularly indicated in maladies of the nervous system attended by

erethism, excitability, agitation, spasm, or contracture. In essential and symptomatic epilepsy the potassium salt is an efficacious remedy. It is of no less service in other convulsive attacks of childhood with or without cerebral lesion, in spasmodic hemiplegia, in simple and tuberculous meningitis during the stage of excitement, in tetanus and tetany, in spasm of the glottis and laryngismus stridulus. The hysteria of young subjects, whether latent or developed, is not cured by this salt, which should not be prescribed in a routine manner in all cases, but reserved for those which exhibit paroxysms alarming by reason of their frequency or violence. It is a sedative, says M. Comby, in certain hysterical attacks, but not a remedy for hysteria. Potassium bromide possesses a better action in chorea, the agitation of which it relieves. It has also a good effect in certain cases of nocturnal incontinence, in genital erethism, and in onanism. It is serviceable in nervous insomnia and headache, as well as in true migraine. In these cases it seems to act by relieving cerebral congestion. The same salt is of value in nervous palpitation, essential tachycardia, and cardiac irritation of nervous children of arthritic diathesis. All the spasmodic affections of the respiratory passages may be advantageously treated by the alkaline bromides. It is the reliance of many physicians in whooping-cough. As regards the effect of bromoform in this disease, our author expresses himself with some reserve, believing that it is yet upon trial. Potassium bromide has been sometimes used with success in diabetes mellitus and insipidus. The bromides may render relief in affections of the skin attended by itching, as simple prurigo, urticaria, and paræsthesia without lesion, but are without avail in the dermatoses properly so-called.

These compounds are contra-indicated in children who, instead of erethism and excessive cerebral excitability, are languid and somnolent, have a dilated heart, a feeble and intermittent pulse. Such patients do not require depressants, but tonics and stimulants, as alcohol, caffeine, digitalis, and strychnine. These remedies are likewise to be withheld in

cases marked by lack of appetite, indigestion, and diarrhoea.

In severe cases, as repeated attacks of convulsions, whether epileptic or non-epileptic, in laryngismus stridulus and violent headache, the bromides should be administered in massive doses. They are but slightly toxic in children, and are rapidly eliminated by all the emunctories. The author formulates this rule: a gramme (15 grains) daily for each year of age. He mentions a serious case of whooping-cough in which he succeeded in arresting convulsions by the exhibition of 4 grammes of potassium bromide daily to a child 4 years of age. On the first day there were seventeen convulsions with foaming at the mouth, on the second day but ten paroxysms, on the third day two, and on the fourth day not a single attack. Insomnia of children, of whatever age, may be serviceably treated by potassium bromide in combination with chloral. When a bromine compound must be used continuously for a considerable period, some have recommended to associate it with naphthol, and thus secure intestinal antisepsis and obviate or lessen the liability to bromism. The writer, however, prefers a combination with sodium bicarbonate or Vichy water. In order to mask the taste potassium bromide may be given to children in milk.

The alkaline bromides may be employed in whooping-cough by atomization, a 5-per-cent. solution of potassium, sodium, or ammonium being sprayed upon the throat every two or three hours.

In malaria the hydrobromate of quinine is of service in the same doses as the other salts of the alkaloid. This combination is especially useful in nervous, excitable children. It is more soluble and contains a larger proportion of the alkaloid than quinine sulphate, and may be given by the mouth or rectum. Its solubility is further promoted by an association with antipyrin.

THE Central Illinois District Medical Society held its twenty-first semi-annual session at Pana, Ill., October 29th. Dr. George N. Kreider, of Springfield, is president, and Dr. J. O. Nelms, of Taylorville, Ill., secretary.

AN ADMIRABLE WINTER RESORT.

NOW is the season when many Northern people are obliged to leave their homes in order to escape the perils of an inclement winter. Of this number a large proportion will be making their first journey in search of health. Their destination must awaken much interest and discussion in the family circle. There are many places from which to choose, and questions of accessibility, climate, scenery, conveniences, and means of recreation will occasion anxious debate. The surroundings of a health resort should be attractive, for it is desirable that invalids should spend a large part of their time in the open air. Furthermore, the sick people are often accompanied by relatives, friends, or attendants who enjoy the blessings of health. Not infrequently circumstances permit the temporary location of an entire family at a spot chosen for the benefit of one of their number. The more varied and decided the attractions of a resort, consequently, the more it is capable of satisfying the tastes of all its frequenters as well as of ministering to the physical well-being of the debilitated.

Upon the western coast of Florida an ideal resort for well or ill is found at Tarpon Springs. The spring communicates by a river and bayou with Clearwater Bay, which is an inlet of the Gulf of Mexico. The town is beautifully situated upon the Anclote River, a deep, winding, and charming tropical stream. A short distance north of the Tarpon Springs Hotel lies a body of water known as the Salt Lakes, because, though really one, it is nearly separated into two by the approximation of its banks at a certain spot. The tortuous course of the river and the configuration of the lake rendered this part of the coast one of the hiding places of the old buccaneers. Near the mouth of the river the name of these sea-robbers is yet kept alive by the Buccaneer's Well, a fount of clear and pure water.

All around Tarpon Springs landward extends a great primeval forest, in which the red cedar and pine predominate. Delightful roads meander through the woods, and walks, horse-back-riding or carriage exercise, according to the health, strength, or taste of the sojourner,

minister to his pleasure and good. Under the influence of irrigation the soil is remarkably productive. The vegetables and fruits of temperate and subtropical climates flourish in abundance. The woods and waters are alive and vocal with all kinds of birds. The waters teem with fish. In the bay and gulf large sea-fish abound. An object of interest to the visitor, also, is the great sponge-fishery, the headquarters of which is at Tarpon Springs. The climate is as near perfection as anything can be on this terrestrial globe. From the east the air is laden with the aromatic exudations of coniferous trees. From the west blow the briny breezes of the gulf. This combination or alternation insures a remarkably pure atmosphere. The northeastern storms of the Atlantic sea-board are robbed of their dangers before they reach Tarpon Springs. Although situated so near to the gulf, the humidity at this place is low. The variation of temperature is wonderfully small and scarcely exceeds 10 degrees, 65° to 75° F. being average winter weather. Fire is rarely needed except in the cook-stove.

Such are the conditions and surroundings of Tarpon Springs. The writer has had the pleasure of visiting this lovely region and can bear personal witness to its numerous attractions as a resort and to the efficacy of its climate as a remedy. How many hard-worked doctors are there in this country who would appreciate a month or two's rest in this spot! The doctors must stay at home and work until they break down, but are at least glad to know where to send their patients.

Business and professional men who have long been under a strain of mental work and anxiety will find Tarpon Springs an excellent place in which to recuperate exhausted energies. The society woman or the overburdened housewife will equally be benefited. Insomnia—that curse of the night—is cured by the occupations and diversions afforded by forest, lake, and gulf. The neurasthenic, arriving in utter prostration, soon begins to gain a little strength. He may swing for hours every day idly in his hammock until, little by little, an appetite asserts itself, he begins to find pleasure in his meals, to take a ride by carriage or

boat, to walk short distances, and the course of improvement thus commenced will usually proceed without interruption. In hysteria, hypochondria, and melancholia excellent results are obtained by joining in the pleasant and cheerful out-door activities which the place encourages. Chronic gastric and gastrointestinal difficulties are improved and often cured. Increased function of the skin and other secretory and excretory organs, the natural effect of the climate and mode of life, exercises a very beneficial effect in Bright's disease. Scrofulous and rachitic children show decided gain in health after a residence at Tarpon Springs. Cutaneous disorders, whether dependent upon scrofula, visceral or nervous derangement, are relieved or cured. The mild and equable temperature, exercise in the open air, and the consequent improvement of nutrition put an end to neuralgic attacks.

This resort is of great benefit to those who suffer from disease of the respiratory apparatus. Asthmatic patients derive much relief, and the same is true of those who are the victims of chronic bronchitis, bronchial dilatation, and emphysema of the lungs. For pulmonary tuberculosis the climate is exceptionally favorable. Patients who are sent to Tarpon Springs at an early stage of the disease; who live much out-of-doors, in the forest and on the water; who breathe a pure, ozonized, and aseptic air, gain in appetite, nutrition, and respiratory capacity. The disease is arrested and practically cured in a large proportion of such cases. Every condition joins here to be of benefit to such patients. The consumptive needs an out-door life; he also needs agreeable diversion. Its great natural endowments have earned for this locality the title of the Riviera of America. That its importance is appreciated is shown by the constantly-increasing number of visitors, the number of dwellings erected, and the various business enterprises projected. The hotel at the springs is commodious and well managed. Among those who resort to a place of this kind there are always many who, from disposition and past habits, cannot content themselves continually with sport and amusement. With restored energy they again feel the want of an object in

life. For these the neighborhood will provide an easy occupation in promoting the commercial enterprises which have been or may be inaugurated.

MEDICAL NEWS AND MISCELLANY.

DR. THOMAS H. FENTON has removed to No. 1319 Spruce Street, Philadelphia.

REMOVAL.—Dr. D. D. Stewart has removed to 108 South 17th Street, Philadelphia.

NEW BUILDING.—A new building is to be erected for the Gross Medical College of Denver.

WE learn from the Kansas City Medical Index that the new building of the Kansas City Medical College is about completed.

DR. JOSEPH D. SCHOALES, of 1428 North Eleventh Street, Philadelphia, an able practitioner of many years, died last month.

THE Southern Surgical and Gynecological Association held its eighth annual meeting at Washington, D. C., November 12th and 13th.

DR. HARRISON ALLEN has been elected Emeritus Professor of Comparative Anatomy by the Trustees of the University of Pennsylvania.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—Emeritus Professor John Struthers, lately Professor of Anatomy at Aberdeen, but originally of Edinburgh, has been elected President of the Royal College of Surgeons of Edinburgh.

RESIGNATION.—It is announced that Dr. William A. Valentine, of the medical staff of the New York Seventh Regiment, has resigned after having served as a medical officer for nearly ten years.

HANBURY MEDAL.—Professor Vogl, Professor of Pharmacology and Pharmacognosy in the University of Vienna, has been awarded the Hanbury Medal for his labors in the study of the anatomy and natural history of drugs.

VERMONT STATE MEDICAL SOCIETY.—This society held its eighty-second annual meeting in Burlington on October 10th and 11th, under the presidency of Dr. Joel H. Linsley, who read an address entitled "Some Suggestions Concerning the Examination of Blood."

MICHIGAN STATE BOARD OF HEALTH.—The regular meeting of the board was held at Lansing, October 11, 1895. The secretary's quarterly report showed that more than the usual amount of work and considerable new and valuable work had been done in the office.

WOMAN'S MEDICAL COLLEGE OF KANSAS CITY.—We learn from the American Journal of Surgery and Gynecology that an institution for the medical education of women has been opened in Kansas City. The dean is Dr. Flavel B. Tiffany and the president is Dr. T. J. Beattie.

TYPHOID FEVER.—The State Board of Health of Michigan issues circulars for popular distribution, urging the necessity of boiling the drinking-water during the prevalence of epidemics and the importance of disinfecting all discharges from the bodies of persons having typhoid fever.

ITALIAN HYDROLOGICAL CONGRESS.—The Italian Hydrological Congress was opened at Venice on October 10th, and was largely attended, especially by those members living in Venice. The Congress was opened by Dr. Vinai, the President of the Hydrological Association.

NEW PERIODICAL.—A new periodical to be called *Pediatrics*, devoted to diseases of children, will make its first appearance on January 1, 1896. It will be owned by Dr. Dillon Brown, of New York, and edited by Dr. George A. Carpenter, of London, and will appear twice a month.

NEW BUILDING.—The Medical Society of the County of Kings, N. Y., is taking action to erect a new building in which is proposed to have a meeting-hall that will comfortably seat four hundred persons, together with smaller rooms for the smaller organizations, councils, directory, library, and a reading-room.

LEPERS' HOME.—The editor has received from Dr. John A. Carpenter, of Kingston, Jamaica, the annual report of the medical attendant to the Lepers' Home of the Island. The report contains full statistics of the home with interesting notes regarding the care of the inmates, the etiology and treatment of the disease.

A MONUMENT TO DUCHENNE.—The British Medical Journal says: "A monument to Duchenne, of Boulogne, will shortly be erected in the Salpêtrière. It is the work of M. Desvergues, the sculptor, and M. Debrie, an architect. It is also proposed to erect a memorial to Duchenne in his native city of Boulogne."

THE KANSAS CITY POLYCLINIC POST-GRADUATE MEDICAL SCHOOL.—The Kansas City Medical Index says: "The project to found a post-graduate school in Kansas City for graduates in medicine, once undertaken and allowed to fail, has again been revived and placed upon a sound business footing. The charter now rests with the new promoters and details are being rapidly arranged. H. C. Crowell, M.D., is president; J. Block, M.D., treasurer, and G. W. Grove, M.D., secretary."

THE COLUMBIAN UNIVERSITY'S NEW PRESIDENT.—Dr. B. L. Whiteman has formally entered on his duties as President of the Columbian University. The president is said to be especially interested in the medical department, and the fact of his connection with the school is expected to greatly increase the number of medical students.

NEW YORK STATE MEDICAL SOCIETY.—The ninetyeth annual meeting of the Medical Society of the State of New York will be held at Albany, Tuesday, Wednesday, and Thursday, January 28, 29, and 30, 1896.

The president, Dr. Roswell Park, of Buffalo, announces the following business committee: Dr. H. R. Hopkins, of Buffalo, chairman; Dr. Nathan Jacobson, of Syracuse, and Dr. J. M. Winfield, of Brooklyn. He also announces that addresses have been promised by Dr. William Pepper, of Philadelphia, and President Eliot, of Harvard University. The latter will speak on the subject of medical education of the future.

THE VALUE OF PUBLIC SANITATION.—Dr. Henry B. Baker, Secretary of the Michigan State Board of Health, in an address contrasts the death-rate in that State from scarlet fever and small-pox before and since the State Board was established. In the former period the number of reported deaths from scarlet fever per 10,000 inhabitants was 4.85; in the latter period the ratio was reduced to 2.24. Prior to the establishment of the State Board 0.85 per 10,000 was the ratio for small-pox; since that time the proportion has been reduced to 0.16.

PURULENT OPHTHALMIA IN PNEUMONIA.—Haushalter and Viller, of Paris, describe a case of purulent ophthalmia with pneumococci in an alcoholic patient suffering from influenzal pneumonia. Unilateral ocular pain appeared on the fourth day and intense iritis on the fifth day. Four days later pus was removed by incision from the anterior chamber and found to contain the diplococcus of Fraenkel. Death occurred on the fourteenth day, ten days after the appearance of ocular symptoms. Post-mortem examination revealed an area of pneumonia going on to gray hepatization, a phlegmon of the eye, and a few patches of meningitis in the convexity. The pneumococcus was found in a pure state in all these lesions, and after inoculation into mice was discovered in the spleen of the animals.—*Universal Medical Journal*.

OCULAR COMPLICATIONS IN ACROMEGALY.—At the sixty-third meeting of the British Medical Association Dr. A. H. Benson reported a case of acromegaly with ocular complications. It occurred in a man, aged 38, who, after an injury to his leg, nine years before, began to grow lazy, sleepy, and big. His sight had been affected for two or three years. There was no

diathesis, either hereditary or acquired. He was a heavy smoker, had a central scotoma for colors and a bitemporal color-defect. His vision was $\frac{5}{7}$ in each eye. After giving up smoking and taking iodide of potassium vision was again $\frac{5}{7}$, and remained good for two years. He then took to smoking again, and in two months vision was reduced to $\frac{5}{8}$. At this time he presented the characteristic appearance of acromegaly, and there was irregular bitemporal hemianopsia. Thyroid-extract tabloids were ordered, but the next day vision was reduced to perception of light; fresh thyroid extract was given, and within seven weeks the vision was again $\frac{5}{7}$. He diminished in weight and the field of vision had improved.—*British Medical Journal*.

TRI STATE MEDICAL SOCIETY.—At the last meeting of the Tri-State Medical Society (of Iowa, Illinois, and Missouri) the following officers were elected: President, Dr. Robert H. Babcock, Chicago; First Vice-President, Dr. A. H. Cordier, Kansas City; Second Vice-President, Dr. W. A. Todd, Chariton, Iowa; Treasurer, Dr. C. S. Chase, Waterloo, Iowa; Secretary, Dr. G. W. Cale, St. Louis. The next meeting will be held in Chicago, the first Tuesday, Wednesday, and Thursday in April, 1896.

MR. SEABURY'S THREAT—PUSH IT ALONG.—Mr. George Seabury, the leading member of the firm of Seabury & Johnson, in the course of an address made before the Section of Commercial Interests of the American Pharmaceutical Association at its recent meeting, made this remarkable statement:—

"Should allopathic physicians persist in following the methods of their homœopathic brethren, we have our remedy; another year added to our college curriculum would finish our educations solidly for the professions of medicine and pharmacy; we could then favor our medical friends with an answer to the printed card previously mentioned, and have it read: 'Medical advice free; we charge only for the medicine.' What is sauce for the goose is sauce for the gander.

"If we are forced into this position provided with facts, I believe every State government would amend our charters to include a full medical course, making it a four years' course, the same as it is in our most advanced medical colleges. We could easily complete this course and be better prepared than the average physician, on account of our practical training as pharmacists."—*New England Medical Monthly*.

THE MERCER HOSPITAL.—Recently a meeting of the directors of the Mercer State Hospital was held in this place. The directors consist of R. J. Zahniser, F. P. Filer, and Q. A. Gordon, of Mercer; J. T. Blair, of Greenville; E. D. Robinson, of Butler; William Henlan and J. P.

Whitla, of Sharon; J. D. Kirkpatrick, of Grove City, and Mr. Williams, of Armstrong County. All were present at the meeting except the latter. The former officers of the board were re-elected, and Dr. J. C. Weidman, of this place, was elected physician and surgeon-in-charge, to take effect on December 1st.

Dr. Weidman is well qualified to take charge of the hospital, and a better selection could not have been made. He is a skillful physician and surgeon, and will give the patients at the hospital every attention. We congratulate the doctor on his appointment.—*Western Press*, Mercer, Pa., November 1.

POTATOES AN UNHEALTHY FOOD—John Gilmer Speed, Dr. Cyrus W. Edson (ex-President of the New York Board of Health), and Mrs. S. T. Rorer learnedly discuss "The Potato as a Daily Diet," in November Ladies' Home Journal, and pretty conclusively prove that the humble but popular tuber is not a healthful article of food. Mr. Speed asserts that the potato as a food is not nearly so valuable as we have very generally esteemed it to be. It is quite deficient in nitrogen, and as a sole diet is, therefore, unsuitable. It is hard to digest, and, therefore, should be partaken of very sparingly by all save those who live active lives out-of-doors. The potato provokes our great national ailment, dyspepsia, and, the sooner the consumption of the mealy tubers begins, the sooner will the dread fangs of the dyspepsia appear.

Dr. Edson, in a rejoinder to Mr. Speed, writes: "I must quite agree with Mr. Speed in his condemnation of the potato. I am sorry to have to say anything against the humble tuber, but the truth, especially when it is scientific, and more especially medico-scientific, must be told. It is certain no one can at all times eat the potato with the assurance that it will do him no harm. The practice of feeding potatoes to infants and young children cannot be too severely condemned. A potato diet may not kill them outright at once, but it is certain to injure their digestive organs permanently and effectually, so as to make their lives a burden to themselves and those who are brought in contact with them." Dr. Edson also contends that the potato is very deficient in nutritive qualities, and has less value as an article of food than most other vegetables and cereals.

Mrs. Rorer writes: "I am not a potato prohibitionist, but I firmly believe that potatoes should be served only with strongly-concentrated nitrogenous food, such as roasted-beef, or, for the vegetarian, with beans, peas, or lentils."

QUALITY VS. QUANTITY.—A patient in Beyreuth was afflicted with cataract in both eyes. He contracted with an oculist to have two oper-

ations performed—one on each eye—for £50 sterling. The first operation proved very successful, but when the doctor offered to operate also on the other eye the patient refused, declaring he could see as much as he wanted with one eye, and tendered half the amount stipulated,—i.e., £25. The physician, however, says that he fixed the price as low as he did in consideration of the quantity of payment to be received, not in consideration of the quantity of work to be done, and the unique case dispute is now before the courts awaiting a Solomonic settlement.—*Medical Herald*.

NEW CHAIRS IN THE PHILADELPHIA POLYCLINIC.—The following changes in the Faculty of the Philadelphia Polyclinic are announced: Dr. Wm. J. Taylor has resigned his Chair of Orthopædic Surgery, and Dr. James K. Young, Lecturer on Orthopædic Surgery in the University of Pennsylvania, has been appointed professor to succeed him. Dr. David D. Stewart, recently Lecturer on Clinical Medicine at Jefferson Medical College, has been appointed Professor of Diseases of the Stomach and Intestines. Dr. Howard F. Hansell, Clinical Professor of Ophthalmology at Jefferson Medical College, and formerly Adjunct Professor of Diseases of the Eye at the Polyclinic, has been made Professor of Diseases of the Eye. Dr. Frank W. Talley, formerly Instructor in Gynecology, has been appointed Adjunct Professor in the same branch. Dr. F. Savary Pearce has resigned as Instructor in Orthopædic Surgery. Dr. R. J. Phillips has resigned as Adjunct Professor of Diseases of the Eye.—*Philadelphia Polyclinic*.

MENSTRUATION IN HOT COUNTRIES.—Joubert agrees with Playfair in the opinion that the influence of climate on the catamenia has been unduly exaggerated. He has collected statistics of 3194 cases under observation at Calcutta during the last four years, including European and rich native women seen in private practice, and poorer natives under treatment for various diseases in the Eden Hospital, Calcutta. He found but very little difference in the percentages for various ages between the Europeans who had passed their youth in Europe and the women of pure European blood born in India; 23.4 per cent. of the former and 25.8 per cent. of the latter began to menstruate when 13 years old. Hence the climate seems to have no influence on the catamenia of women of our race. Indeed, the European-bred girls showed a larger percentage of menstruation beginning at 12 than the native-born Europeans (13.4 per cent. against 10.8). Amongst the Eurasians a difference was at once noticeable, the type approaching that of natives between 12 and 14, but diverging again in the direction of the European type between 14 and 16. Such women are much influenced

by native habits. In the class of pure natives—Hindus and Mohammedans—but chiefly the former, the greater percentage of dates of first menstruation occurred at 12 (36 per cent.). Joubert shows that early menstruation is determined in native women by precocious knowledge and too early sexual excitement.—*British Medical Journal*.

DEATH OF DR. BATTEY.—Dr. Robert Battey, originator of the famous "Battey operation" in surgery, died in Rome, Ga., on November 8th, aged 67 years. The Atlanta Medical and Surgical Journal, of which Dr. Battey was at one time editor, pays the following tribute to his memory: "Dr. Battey's name and work are known wherever scientific medicine is practiced and medical literature read. Dr. Battey has enjoyed a highly-successful professional career. After graduating from the Jefferson Medical College in 1857, he located in Rome, where the greater part of his life has been spent. The most notable feature of his professional life was his resort to ovariectomy 'with a view to establish at once the change of life for the effectual remedy of certain otherwise incurable maladies.' His first operation was done August 17, 1882. It was the first ovariectomy done by a Georgia surgeon. Dr. Battey was first bitterly criticised and then cordially indorsed. In November, 1872, Dr. Battey moved to Atlanta and became Professor of Obstetrics and Gynecology in the Atlanta Medical College, and filled this chair with distinction for three years. During the same time he was editor of the Atlanta Medical and Surgical Journal. He returned to Rome in 1875 and erected his infirmary for diseases of women, which has continued in successful operation to this time. In 1876 Dr. Battey was elected President of the Georgia Medical Association, and in 1889 he was made President of the American Gynecological Society. He contributed many important papers to medical literature.

"Personally, Dr. Battey was a gentleman of the highest character, whom no one spoke of save with love and esteem. He has possessed to a high degree the confidence of patients and professional associates, and his death will be genuinely mourned in many homes."

OBITUARY.—Dr. A. MacLacow, Professor of Ophthalmology, recently died at Moscow.

TO MAKE GOOD BROWN BREAD.—In a chapter on bread and biscuits, Hope Holly, in November Ladies' Home Journal, gives this receipt for brown bread: Two cups of sour milk, two cups Indian meal, one cup molasses, one cup sifted Graham flour, one and a half teaspoonfuls of baking-soda, sifted with one-third cup of white flour, one teaspoonful salt. Mix molasses and sour milk, then stir in the meal and flour; pour into

two small buttered pails and steam three hours, then set in the oven and bake from twenty minutes to half an hour. Do not throw away the bran that is left after sifting the Graham flour. It makes an excellent and nutritious jelly.

THE Medico-Legal Society of Jersey City, recently organized, has appointed a committee to secure a building suitable for a club-house and large enough to accommodate all the doctors and lawyers in Hudson County. It is probable that a building fronting Van Nest Park will be chosen. An effort will be made by the society to secure the Jersey City Law Library for the lawyers and the extensive medical library of the late Dr. Beriah A. Watson for the society.

VARIOLIFORM ERUPTION AFTER MEASLES.—At a meeting of the Hamburg Medical Society Professor Unna described an interesting case in which a varioliform eruption developed in a child 1 year old while recovering from an attack of measles. The etiological factor was ascertained to be the streptococcus. In the most recent vesicles the micro-organism was found only in the blood-capillaries, especially in those of the papillary body. An extensive fan-shaped colliquation had already occurred, with necrosis of the cutaneous surface as in variola, the centre of the lesion being a thrombus with cocci. In a more advanced stage the streptococci were found to have penetrated into the lymph-spaces of the papillary body and the cavity of the epidermic lesion, especially invading the periphery. In a third stage the entire cavity was filled with the micro-organisms, which diminished progressively in number toward the skin.

From the progress of the bacterial invasion Professor Unna concludes that an eruption having the same structure as the pustules of variola may occur without the involvement of the epidermis, but simply through the presence of the bacteria in the capillaries of the papillary body; and, further, that thrombosis of the vessels of the skin may occur without hæmorrhage. The microbes of purpura must, therefore, secrete toxins having a special action on the endothelial walls of the capillaries.

The case also shows that organisms of rapid growth may lodge in the skin and fill the periglandular capillaries without being eliminated by the sweat, as has been claimed.—*Universal Medical Journal*.

FOREIGN UNIVERSITY INTELLIGENCE.—Bahia: Dr. José Carneiro de Campos has been appointed Professor of Anatomy. Budapest: Dr. Julius Elischer, Lecturer on Gynecology, has been granted the title of Professor. Cracow: Dr. Jakubowski has been promoted to the Ordinary Professorship of Children's Diseases. Innsbruck: Dr. Dimmer, of Vienna, has been appointed to the Chair of Ophthalmology. Munich:

Dr. Otto Frank has been recognized as *privat-docent* in Physiology, Dr. H. Neumayer as *privat-docent* in Laryngology, and Dr. Martin Hahn as *privat-docent* in Hygiene. Prague (Bohemian University): Dr. F. Marés has been promoted to an Ordinary Professorship of Physiology. Rostock: Dr. Schuchardt has been appointed to the newly-established Professorship of Psychiatrics.—*Lancet*.

THE SEVENTH ANNUAL MEETING of the Tri-State Medical Society of Alabama, Georgia, and Tennessee was held at Chattanooga and a number of valuable papers were read, among which we may name: When to Amputate. Duncan Eve, Nashville. Women as Physicians; Ought they be Encouraged to Enter the Profession. J. C. le Grand, Anniston, Ala. Syphilis. James T. Jelks, Hot Springs, Ark. A New Rapid Method of Treating Zona, with Illustrative Cases. A. H. Ohmann-Dumesnil, St. Louis. Synthetic Perineotomy in Laceration of the Perineum. R. R. Kime, Atlanta. A Complicated Case of Obstetrics with Rupture of the Uterus. E. T. Camp, Gadsden, Ala. How to do Abdominal Section without Fuss, Feathers, or Foolishness, and with Immunity from Sepsis. Joseph Price, Philadelphia. The Nucleins and their Relative Place in Therapeutics. R. H. Hayes, Union Springs, Ala. Iodide of Potash. G. A. Baxter, Chattanooga. The Busy Practitioner and his Journal. Harold Havelock Kynett, New York. Uses and Abuses of Cocaine. T. Hilliard Wood, Nashville. The Treatment of Malignant Cutaneous Epitheliomata (Cancers). A. R. Robinson, New York. Bile in the Peritoneal Cavity. W. E. B. Davis, Birmingham. Early Diagnosis and Vaginal Hysterectomy in Cancer of the Uterus. James A. Goggans, Alexander City, Ala. Reflect. E. H. Sholl, Birmingham. Necessity of Enucleation of the Eyeball. Flavel B. Tiffany, Kansas City. Acromegaly; Report of a Case. J. R. Rathmell, Chattanooga. When Consumptives should go to Colorado, and Why. J. C. Minor, Hot Springs, Ark. Tuberculosis. R. M. Cunningham, Birmingham.

THE SAMUEL D. GROSS PRIZE.—The second quinquennial prize of one thousand dollars, under the will of the late Samuel D. Gross, M.D., will be awarded at the Philadelphia Academy of Surgery, on January 1, 1900. The conditions annexed by the testator are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages octavo in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the successful competitor, who receives the prize, shall publish

his essay in book-form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author, in the English language, should be sent to Dr. J. Ewing Mears, 1429 Walnut Street, Philadelphia, before January 1, 1900.

Each essay must be distinguished by a motto and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserve the right to make no award if the essays submitted are not considered worthy of the prize.

THE ARCHIVES OF PEDIATRICS.—This journal will commence its thirteenth year with the January number, under the business management of E. B. Treat, publisher, of New York, long identified with medical publishing interests. The Archives has been for twelve years the only journal in the English language devoted exclusively to "Diseases of Children," and has always maintained a high standard of excellence.

The new management propose several important changes in its make-up; increasing the text 15 per cent., and enlarging its scope in every way. This will give room for the fuller contributions and additional collaborators, who have been secured for the various departments, all of which give promise of a more successful era than has been known even in the already brilliant career of this journal.

The editorial management will be in the hands of Floyd M. Crandall, M.D., Adjunct Professor of Pediatrics, New York Polyclinic, and chairman of Section on Pediatrics, New York Academy of Medicine.

SEX OF THE FŒTUS.—In endeavors to diagnose sex of a fœtus *in utero* by the difference in the heart-sounds, Dr. Wells, of the Obstetric Clinic, considers that the character of the cardiac pulsations is of as much importance as the difference in number of beats. It has been his experience that the sound of the male foetal heart, as heard through the mother's abdominal wall, gives not only a fewer number of pulsations to the minute, but the heart-sounds are stronger, rather longer in duration, and of lower pitch. The type of sound comes slightly nearer to the adult type. In female children the pulsations are rather more rapid, weaker, and of higher pitch, resembling almost exactly the sound of the ticking of a watch heard through a soft feather-pillow.—*Philadelphia Polyclinic*.

BRACHIAL NEURITIS AFTER MEAT POISONING.—At a meeting of the Schlesische Gesellschaft für Vaterländische Cultur, in Breslau, Dr. Mann brought forward an interesting case of local nerve disease in a woman who had been poisoned by eating unsound meat. The patient was one of sixty people who all suffered more or less after using the flesh of a diseased cow, but it does not appear whether there were any fatal results among them. For three weeks the woman in question was prostrated with severe gastro-intestinal disturbance, and subsequently she experienced headache, general debility, and paresthesia of the extremities. Finally, acute neuralgic pains appeared in the right arm, followed by weakness progressing to paralysis, involving the deltoid, biceps, brachialis anticus, and supinator longus, and to a slighter extent also the triceps, infraspinatus, and latissimus dorsi, the whole of which presented the partial reaction of degeneration. The muscles of the forearm and hand were unaffected. The nerve-trunks supplying the parts involved were tender under pressure, and the shoulder-joint was so sensitive to touch that it was impossible to perform passive movement. There were no symptoms referable to brain implication.—*Provincial Medical Journal.*

A CASE OF ACUTE MILIARY CARCINOSIS.—Our acquaintance with cancer is so much restricted to the chronic disease that we are apt to forget that it may be associated with feverish attacks, run a rapid course like an acute disease, and prove fatal with cerebral and other grave symptoms in a week or two. The writer (Megay, of Klausenburg) suggests the designation given above, in view of the close resemblance of such cases to acute miliary tuberculosis.

He mentions the case of a woman, aged 54, who was brought into the hospital in a state of fever, and died on the following day before any exact diagnosis was arrived at. The autopsy revealed the presence of an old hard scirrhus of the pylorus, but the numerous secondary tumors corresponded in structure to medullary cancer. These were found in the lymph-glands of the neck and abdomen, the serous membrane, and the spleen, liver, and kidneys. Death, therefore, was due not to the primary tumor, but to the numerous metastases, which developed rapidly and were associated with fever and typhoid symptoms. The cancer-cells were supposed to have reached the blood by penetrating the thin walls of the delicate blood-vessels of the lymphatic glands. Indeed, the writer actually observed a small vessel in a glandular mass in the neck, half filled with epithelium which had grown into it. The same thing may have happened in a number of places. The resemblance, therefore, between this mode of generalization

of cancer and acute miliary tuberculosis is very close.—*Medical and Surgical Reporter.*

DEATH OF DR. JAMES E. GARRETSON.—We regret to announce the death of Dr. Garretson, which recently occurred at his home near this city.

James E. Garretson was born in Wilmington, Del., in October, 1828, and his studies brought him, before their conclusion, the degrees of A.M., M.D., D.D.S. When but quite a young man he applied himself to the study of dentistry and for several years practiced in the neighborhood of Woodbury, N. J. In 1856 he came to this city to attend the Philadelphia Dental College and the following year he graduated and began a course in medicine at the University of Pennsylvania. After two years' hard work he received his diploma and shortly afterward married Beulah, a daughter of George Craft, then a well-known resident of Upper Greenwich, N. J.

Until 1862 Dr. Garretson practiced dentistry in this city, and then, in response to an invitation from Dr. D. Hayes Agnew, he joined the latter in his work at the Philadelphia School of Anatomy and Surgery. In his connection with this institution he made a specialty of surgery of the mouth, head, and associate parts, and developed the proficiency in this line which brought him fame. Oral surgery at that period was rough and accompanied by considerable danger. He it was who simplified the work, and so revived and altered it that all danger of death and deformity, except from the most difficult operations, was done away with.

Dr. Garretson left the Philadelphia School of Anatomy and Surgery to take the Chair of Anatomy and Oral Surgery at the Philadelphia Dental College and soon afterward he became dean of that institution, which place in the faculty he held until his death. Dr. Garretson added much to his reputation as a surgeon, both in this country and abroad, by his work on surgery of the head and face, in which the operations described were greatly in advance of the times. In addition, under the *nom de plume* of "John Darby," he wrote a number of books in a vein both practical and pleasant, which attracted much attention. They include "Odd Hours of a Physician," "Brushland," "Nineteenth Century Sense," and "Man and His World."

In response to his frequently expressed wish, Dr. Garretson was cremated.

Dr. Garretson leaves a wife and two daughters. He was a member of the County Medical Society and the Society of the Sons of Delaware.

ABORIGINAL MEDICINE.—The British Medical Journal says: "In a work entitled 'Los Indios, su Historia y Civilizacion,' by Don Antonio Batres Jáuregui, a well-known writer on Guatemala, some interesting information is given as to the

medicine of the natives of America at the time of its discovery by Columbus. They were acquainted with the therapeutic properties of balsam of Peru, jalap, rhubarb, sarsaparilla, and coca. The aborigines used pills made of the living flesh of the lizard called by them 'cuetz palin' (*Lacerta terrestris*), which they looked upon as a specific for cancer, leprosy, and syphilis. From maize they made various preparations which are still largely used in Guatemala and elsewhere as beverages, and mixed with sarsaparilla, guaiacum, etc., as remedies for venereal and other diseases. According to Señor Batres Jáuregui, the aborigines of Guatemala had some knowledge of elementary surgery, and could reduce dislocations, set broken bones, extirpate tumors, and treat wounds with medicinal lotions and herbs. They could also embalm dead bodies. They made great use of baths—cold, lukewarm, and hot—in various diseased conditions. The termaxcal, a primitive kind of Turkish bath, was employed by them from the earliest period."

THOMAS KEITH, M.D., F.R.C.S. EDIN.—We regret to read in the *Lancet* of the death of Dr. Thomas Keith. He was born in 1827, was apprenticed to Sir J. Y. Simpson in 1845, and took his degree in medicine in 1848. He served as house-surgeon under Professor Syme, was for two years physician to the British Embassy in Turin. He then returned to Edinburgh and entered into practice. Dr. Keith was a very successful abdominal surgeon, and, in conjunction with Sir Spencer Wells, established the operation of laparotomy on a firm footing. "Ovariectomy led to other operations, and hysterectomy in his hands became almost as safe; but he never liked the operation, and condemned in no measured terms the number of such operations which are now performed. It was with keen interest that he watched the progress of Dr. Apostoli's treatment. In 1887 one of his sons went to Paris to learn the new method from Dr. Apostoli, and on his return Dr. Keith decided that no operation should be performed for fibroid tumors of the uterus until electricity had been fairly tried on a number of cases. Over one hundred tumors were thus treated, and the results on the whole were so good that Dr. Keith did not perform many operations for fibroid tumors of the uterus after that time, though, strangely enough, the last operation but one performed by Dr. Keith, now nearly three years ago, was an hysterectomy, his last being a fixing up of the uterus by his operation of clamping the broad ligament. In 1888 Dr. Keith left Edinburgh for London; he had missed greatly his old friends, the late Dr. Mathews Duncan and Sir Joseph Lister. In 1889 he paid a professional visit to Mexico, his second to the *New World*. . . . Dr.

Keith quietly passed away, after a life of uncomplaining suffering and ill-health, of which few knew, but none better than his life-long friend, Dr. Mathews Duncan, who, in a dedication, has described him as a 'hero in surgery.'

MORBID ANATOMY OF INFANTILE PARALYSIS.—In the recently-published number of *Brain* a full description is given by Dr. Trevelyan of the condition of the different structures of the spinal cord in a case of this disease, in which death occurred from independent causes eleven months after the onset of the paralysis. The patient was a girl, 6 years of age, who was suddenly seized with fever, nausea, and vomiting. Paralysis was observed on the second day and involved all four extremities. The sphincters were also affected at first. The arms began to recover three weeks after the onset of the attack, and the ultimate condition was one of almost complete paraplegia affecting the lower limbs, while the right arm also was weak. The knee-jerks were absent and there was a loss of faradic reaction in the affected muscles, but little, if any, wasting. The condition of the spinal cord was especially observed. The ganglion-cells were very much altered. The processes had disappeared and the cells themselves had become more or less formless masses. The nucleus and nucleolus seemed often to persist after the body of the cell had disappeared. Groups of minute but perfectly-formed ganglion-cells were seen here and there, chiefly in the parts corresponding to the lateral horns. The nerve-fibrils were very much changed in the gray matter. Often they had entirely disappeared; where present they were mostly reduced to fine lines and they were frequently distinctly varicose. The fibres in the anterior roots as they passed through the white matter seemed to be fewer in number and thinner than normal. In only a few specimens did they seem to be degenerated. There were overgrowth and infiltration of the neuroglia, and in many parts of the gray matter of the cervical and lumbar enlargements translucent areas were visible, the result of destruction of nerve-fibrils and ganglion-cells, and with a high power enormous spider-cells were visible in these translucent patches. The central canal was pervious throughout the cord. In many parts of the cord a greatly-increased vascularity was evident, and advanced perivascular changes could be made out, often in the areas in which the central and peripheral vessels met. No distinct disease of the walls of vessels was made out. There was considerable cell-infiltration in most parts of the cord. This was most distinct in the mid-cervical region. This cell-infiltration was of two kinds, general and patchy, the patchy infiltration being frequently perivascular. The cells in this infiltration were also of two kinds, round and with

processes; and there was a third kind of infiltration of large, irregular cells without distinct processes in the area around the central canal and apparently derived from the cells lining the canal. The changes in the white matter were similar in kind, but of much less intensity, and these changes extended throughout the whole length of the cord. From the study of this case—a case observed pathologically at an extremely interesting period, viz., after the intensely acute processes had subsided and before the cicatricial condition was established—Dr. Trevelyan is inclined to support the view identified chiefly with the names of Siemerling and Goldscheider, that this disease is of vascular and interstitial origin, —i.e., that the changes in the ganglion-cells are secondary to the changes in the vessels and interstitial tissue. As regards the ultimate origin of this disease, although no proof has yet been offered, there are strong reasons for supposing it to be infective.—*Lancet*.

COLLEGE ALUMNI MEETING.—A clinical meeting of the Philadelphia Chapter of the Alumni Association of the Jefferson Medical College was held November 12th.

Dr. H. G. McCormick, of Williamsport, the President of the State Medical Examining Board, read a paper on the subject "Is Typhoid Fever a Self-Limited Disease?" Dr. Alexander Craig, of Columbia, and others discussed Dr. McCormick's paper.

Dr. A. J. Downes also read a paper on the "Treatment of Typhoid Fever," the discussion being opened by Dr. H. A. Arnold.

Following the business meeting a collation was served in the lecture-room by Dr. E. E. Graham.

DR. EPHRAIM F. LEAKE, of 4335 Frankford Avenue, had a banquet tendered to him recently by many citizens of that section of Philadelphia, to show their appreciation of his services rendered in their behalf in the recent suit between the property-owners and the city.

EPHRAIM CUTTER, M.D., LL.D., of New York, was in Philadelphia recently.

HOSPITAL APPOINTMENTS.—The Board of Charities and Correction, November 12th, filled several vacancies on the medical staff of the Philadelphia Hospital. Dr. Ernest Brewster Sangree was elected pathologist, Drs. J. C. Da Costa and Alfred C. Wood on the surgical staff, and Dr. Elizabeth L. Peck was chosen to succeed Dr. Clara Marshall on the obstetrical staff.

SCHUYLKILL COUNTY MEDICAL ASSOCIATION.—A meeting of the Schuylkill County Medical Association was held in Pottsville, Pa., on November 12th. The following officers were elected: President, Dr. A. P. Carr, of St. Clair; Vice President, Dr. A. F. Bronson, of Girard-

ville; Secretary and Treasurer, Dr. George Little, Tamaqua; Censors, Drs. D. W. Bland, of Pottsville, and R. F. Jones.

ASYLUM PHYSICIAN ELECTED.—The Trustees of the Asylum for the Chronic Insane at Wernersville have elected Dr. Katharine Northrop, of the Warren Insane Asylum, as chief woman physician, to fill the vacancy caused by the resignation of Dr. Whitten.

THE annual meeting of the Bucks County Medical Society was held at Doylestown, in the Historical Society's room in the Court-House, and was addressed by Dr. Gleason, of the Medico-Chirurgical College, Philadelphia, on "Diseases of the Ear." Officers for the ensuing year were chosen by the election of Dr. George M. Grim, president; Drs. Pursell and Nonmaker, vice-presidents; Dr. Frank Swartzlander, treasurer; Dr. A. F. Meyers, secretary.

THE Harrisburg Academy of Medicine was dedicated on November 7th. The programme was opened with appropriate remarks by Dr. E. H. Coover, the president of the academy; Dr. John Curwen, superintendent of the State Hospital for the Insane, at Warren; Governor Hastings, Dr. H. C. Wood, and Dr. W. H. Egle.

"DEGENERATION as Exhibited in the Brains of Criminals" was discussed at the Academy of the Natural Sciences of Philadelphia, November 8th, by Drs. Mills, M. V. Ball, and Allen, and Professors Laplace, Witmer, Cope, and D. G. Brinton.

TAPPING THE VERTEBRAL CANAL.—Dr. Augustus Caille writes: "This operation, performed for the purpose of diagnosis, was first suggested by Quincke at a meeting of the German Medical Congress, in 1891, but has apparently received no attention in this country. There is an open communication between the subarachnoid space surrounding the spinal cord and the ventricles of the brain. The puncture is made between the third and fourth or the fourth and fifth lumbar vertebræ. The terminal cone of the cord is situated at the level of the first lumbar vertebra, and if a puncture is made below this point it is not likely that any of the divergent strands of the cauda equina will be injured. In semicomatose children and in adults narcosis is not required, and aspiration is not necessary, because the liquor cerebro-spinalis will ooze out. Quincke first tapped in order to relieve pressure symptoms in acute hydrocephalus, and recommended the procedure as a means of distinguishing between serous, purulent, and tubercular meningitis.

"The author's personal experience is limited to four cases. In the first two, in children 3 and

5 years of age, respectively, suffering from tubercular meningitis, tubercle bacilli were found sparingly in the flaky sediment of the liquor cerebro-spinalis. The third case was under observation at the time of the report. A child of 9 months, with the symptoms of tubercular meningitis, was admitted in convulsions and tapped. Twenty-five cubic centimetres of a clear and limpid liquid were removed.

"The procedure in tapping is as follows: After locating the third and fourth lumbar vertebræ, place the middle finger of the left hand upon the spinous process of the third and the index finger upon the spinous process of the fourth lumbar vertebra, pressing firmly upon the bone. Now mark, with the nail of the right index finger, the interspace between the two fixed points and puncture, precisely in the median line, with a large-sized hypodermatic needle attached to its syringe, which is merely used as a handle, and not for the purpose of aspirating. No undue force should be used in propelling the needle forward; it readily enters the spinal canal, and can be moved about freely, if it is in the right place. The syringe may now be unscrewed from the needle, which remains *in situ* and permits the fluid to escape into a sterilized bottle for subsequent examination. Tapping the spine may safely be employed to relieve pressure symptoms in various forms of disease. In chronic hydrocephalus it is a safer procedure than tapping the cranium. For diagnostic purposes the value of this procedure is firmly established."—*Archives of Pediatrics*.

LITERARY NOTES.—*From S. S. McClure, Limited, 30 Lafayette Place, New York*: Anthony Hope's new Greek novel, "Phroso," about which so much has been said, has been secured by McClure's Magazine. It is said to be the most exciting novel of adventure written for many years. The magazine will also publish Stevenson's last novel and short stories by Rudyard Kipling, Ian Maclaren, Robert Barr, and Bret Harte.

"Richard Croker and Tammany" is the article in the Tammany series in McClure's magazine for November. The article is by E. J. Edwards ("Holland"), the New York correspondent of the Philadelphia Press, and is a powerful argument against the return of Tammany to power.

The early portrait of Lincoln, which forms the frontispiece of McClure's Magazine for November, shows that Lincoln was a very handsome and dignified young man. It is not positively known at what age this picture was taken. It looks certainly fifteen years younger than any hitherto published portrait of Lincoln. The daguerreotype is owned by the Hon. Robert T. Lincoln.

The leaves from the Vailima Letters, which are published in McClure's for November, are capitally illustrated with several photographs taken in the South Seas and now first published. One shows Mr. Stevenson on horseback, another reclining on his couch playing the flute, and there are groups in which Mr. Stevenson appears. The letters are introduced by an article by his closest friend, Mr. Sidney Colvin. No finer piece of autobiography than these letters has ever been written. There is a great deal in them about Stevenson's literary work and plans.

From the Ladies' Home Journal, Philadelphia: Rudyard Kipling's new story, which The Ladies' Home Journal is about to begin, is a romance of India—really a strong love-story—and has for its title "William the Conqueror."

James Whitcomb Riley has completed a new series of poems in which he varies the treatment of each one to such an extent that they are said to show the Hoosier poet's versatility to a remarkable degree. He has given the series to The Ladies' Home Journal, in which the first is about to be published. A. B. Frost has been engaged by the magazine to illustrate the poems.

Not long before his death the poet Longfellow told Hezekiah Butterworth, one evening in his library, how he came to write "The Psalm of Life," "The Bridge," "Excelsior," "Hiawatha," "The Old Clock on the Stairs," and some of his other great poems. Mr. Butterworth has now embodied the evening's talk in an article on "How Longfellow Wrote His Best-known Poems," which The Ladies' Home Journal will publish in its next number.

DR. JOSEPH W. BROCKBANK, of this city, died at his residence, on Germantown Avenue, on November 7th.

THE Children's House at the Philadelphia Home for Incurables was dedicated on November 8th.

SOUTH DAKOTA BLIND ASYLUM.—The Legislature has established an institution to be known by the foregoing name and located at Gary, in Deuel County. The State Board of Charities and Corrections are to have charge of it and of the employment of superintendent, attendants, and instructors.—*Journal of the American Medical Association*.

SWISS SANATORIUM FOR PHTHISIS.—It is hoped that the sanatorium for poor phthisical patients, at Davos, may be ready to receive from fifty to sixty patients in July next. The subscription-list now amounts to over £13,000. The municipality of Bâle intends, also, to erect a sanatorium in the neighborhood of that city for phthisical patients applying at the hospitals.—*British Medical Journal*.

LECTURES ON RAILWAY SURGERY.—Dr. Webb J. Kelly, of Galion, Ohio, will, in February, 1896, deliver a special course of lectures on railway surgery in the St. Louis College of Physicians and Surgeons.

BOOK REVIEWS.

Pregnancy, Labor, and the Puerperal State. By EGBERT H. GRANDIN, M.D., Consulting Surgeon to the New York Maternity Hospital; Consulting Gynecologist to the French Hospital, New York, etc.; and GEORGE W. JARMAN, M.D., Obstetric Surgeon to the New York Maternity Hospital; Gynecologist to the Cancer Hospital, New York, etc. Illustrated with Forty-one (41) Original Full-page Photographic Plates from Nature. Royal Octavo. Pages viii, 261. Cloth, \$2.50 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

This is a useful treatise both in plan and execution. By discarding much matter relative to anatomy, physiology, and pathology, which properly belongs to other works, the authors approach their subject directly, and are thus able, within the space of less than 300 pages, to give the student the essential, underlying facts of obstetrics. In accordance with its title and scope, the work is divided into three parts. The sections upon the diagnosis and the differential diagnosis are clear and to the point. In the chapter devoted to the pathology of pregnancy the authors do not attempt to review the many theories which have been advanced to explain the occurrence of renal disease. They content themselves by stating the data upon which is based a line of treatment in accord with the general modern belief. The clinical history, in its chief outline, of albuminuria and uræmia is graphically traced and the methods of treatment are carefully outlined. An excellent chapter upon the presentation and position of the fœtus closes the first part of the work. The mechanism of labor is clearly explained and the words of the text are additionally strengthened by a number of beautiful and accurate illustrations. The mode of management of normal and abnormal labor is taught in a practical manner, and wise directions are given for the care of the newborn babe. The normal and pathological puerperium are described in simple language, and, as is proper, abnormal conditions receive particular attention.

The reader will find this a practical modern treatise which gives him just the information which he desires and needs.

Principles of Surgery. By N. SENN, M.D., PH.D., LL.D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; ex-President American Surgical Association; etc. Second Edition. Thoroughly Revised. Illustrated with One Hundred and Seventy-eight (178) Wood-Engravings and Five (5) Colored Plates. Royal Octavo. Pages xvi, 656. Extra Cloth, \$4.50 net; Sheep or Half-Russia, \$5.50 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

Professor Senn is no less known as a diligent investigator of surgical pathology than as a skillful operator. The present work occupies a place distinctively its own, and is concerned with the fundamental principles upon which all surgical knowledge depends. At the same time, so great and revolutionary have been the changes of a few years that, in this particular department, much that was formerly found in works upon surgery has become obsolete. It was to fill this gap that the book before us was written. None is better fitted, by his attainments as a student and practitioner of surgery, to undertake such a task for American readers than Professor Senn. In the second edition the author has found it necessary to add much new material which had accumulated within the few years since the original publication. The work should be in the hands of every student. No doubt the clinical facts of inflammation, septic infections, tuberculosis, etc., have been closely studied by many preceding authors, and little can be added to their descriptions. It is in the application of recent discoveries relative to the influence of micro-organisms upon these processes that the field of knowledge has changed. The student of ten years ago is apt to feel himself at a loss to intelligently follow much of the literature of the present day. He will feel pleased to know that in the present work he has a key to a vast treasure-house.

The Pathology and Surgical Treatment of Tumors.

By N. SENN, M.D., PH.D., LL.D., Professor of Practice of Surgery and Clinical Surgery, Rush Medical College; Professor of Surgery, Chicago Polyclinic; Attending Surgeon to Presbyterian Hospital; Surgeon-in-Chief, St. Joseph's Hospital, Chicago. Illustrated by five hundred and fifteen engravings, including full-page colored plates. Philadelphia: W. B. Saunders, 1895. Price, Cloth, \$6.00; Half-Morocco, \$7.00.

A work on tumors from Professor Senn is of value, as he has made special study of their

pathology as well as their clinical features. The field, moreover, has been comparatively unoccupied. The diagnosis of morbid growths is frequently a matter of great difficulty, and accuracy must largely depend upon the ability to connect them with their histological origin. An exposition of this relation constitutes a large portion of the present work. The system of classification adopted by the author rests upon this relationship. In Chapter IX we find laid down the general rules which should guide us in the diagnosis of neoplasms. The author insists upon the fact—too often neglected—that the surgeon who limits his examination to the tumor does not do his duty to the patient and is very liable to commit mistakes in diagnosis, prognosis, and treatment. Without undervaluing the use of the microscope as an aid to diagnosis he would not rely too implicitly upon its revelations, but combine a careful study of the patient, the tumor, its environments and clinical history. A great part of the work is devoted to the subject of the malignant new formations. The writer alludes to the discoveries which might indicate a parasitic origin of cancer, but cannot regard them as demonstrative. The important subject of the special diagnosis of carcinoma is closely considered. The writer likewise gives much attention to the forms and varieties of malignant disease as occurring in different organs and tissues. The subject of sarcoma is also dealt with in a satisfactory style; the capital matter of its distinction from carcinoma receives due attention and the necessity of early excision is laid down as a rule.

The discussion of the benign growths is full of interest and the various degenerative changes which may take place in both innocent and malignant tumors are portrayed, as well as the transformation of the former into the latter variety.

• *Climate and Health.* Edited, under the direction of PROF. WILLIS L. MOORE, Chief of Weather Bureau, by W. F. R. PHILLIPS, M.D. No. 1. A Summary of Statistics for the Four Weeks ended July 27, 1895. Washington: Weather Bureau, 1895.

This official publication is the first number of a proposed journal which, it is to be hoped, will be permanently continued. Its contents are devoted to an extremely-important subject, and one which, for the purposes of exact scientific information, requires the kind of collective investigation which can best be brought together in such a periodical. The editor has carefully performed his work. The issue is rendered additionally valuable by including a number of charts taken from the service of the United States Weather Bureau.

CURRENT MEDICAL LITERATURE.

Acute Inflammation of the Tympanic Cavity; Some Operative Measures for the Relief of a Chronic Discharging Ear. Clinical Lecture Delivered at the Jefferson Medical College Hospital. By S. MacCuen Smith, M.D., Clinical Professor of Otology in Jefferson Medical College; Surgeon-in-Charge of the Ear and Throat Department of the Germantown Hospital.

The Influence of Ether Narcosis upon the Genito-Urinary Tract. By John B. Deaver, Attending Surgeon to the German Hospital, and Carl Frese, Chief Resident Physician, German Hospital, Philadelphia.

First Annual Announcement of the Woman's Medical College, Kansas City, Mo., Located at Northeast Corner of Thirteenth and Grand Avenue, Kansas City, Mo.

Prospectus of the St. Louis College of Pharmacy. Thirtieth Annual Session, from October 7, 1895, to April 15, 1896. St. Louis College of Pharmacy, 2108 and 2110 Lucas Place, 1895.

The Liver as an Organ of Elimination of Corpuscular Elements. By Gustav Fütterer, M.D.

Evisceration of the Eyeball. By L. Webster Fox, M.D., Philadelphia. Abstract of a paper read before the American Medical Association, Ophthalmic Section, held in Baltimore, May 7, 1895.

Burns of the Cornea; Electric-Light Explosion Causing Temporary Blindness; Traumatic Injuries to Eyes—Hypopyon. By L. Webster Fox, M.D., Professor of Ophthalmology in the Medico-Chirurgical College, Philadelphia, Penna. Clinical Lecture delivered at the Medico-Chirurgical College, March 9, 1895.

The Medical Profession and the State. The Alumni Oration. By Hon. Mariott Brosius, Lancaster, Pa. Delivered in the Amphitheatre of the Medico-Chirurgical College of Philadelphia, Thursday, May 9, 1895. Alumni Banquet of Medico-Chirurgical College. Given by the Alumni Association of the Medico-Chirurgical College of Philadelphia, at the Hotel Metropole, Thursday, May 9, 1895.

Bellevue Hospital Medical College of the City of New York. Circular of Information. 1895-1896.

Formulary of Ichthyol. With Clinical Reports on its Alterative, Analgesic, Antiphlogistic, Antipruritic, Antiseptic, and Astringent Actions.

The Diagnostic Value of the Medical Laboratory. By William M. Harsha, A.B., M.D., Chicago; Lecturer on Surgery at the College of Physicians and Surgeons; Member of the American Medical Association, American Academy of Medicine, etc.

COMMERCIAL NEWS.

PRACTICAL DIETETICS.

By W. GILMAN THOMPSON, M.D., Professor of Materia Medica, Therapeutics, and Clinical Medicine in the University of the City of New York; Visiting Physician to the Presbyterian and Bellevue Hospitals, etc. (Pages 142 and 143.)

Diastase is a vegetable ferment which has the property of converting starchy foods into a soluble material called maltose. Like the ferments in the saliva and pancreatic juice, it acts in alkaline solution, but, unlike them, it continues to operate in acid media and, therefore, its action is not disturbed by the gastric juice. Diastase is a peculiar substance which causes the ripening of fruits and vegetables by converting their starches into dextrins and sugars; hence, fruit becomes more and more digestible as it ripens.

Maltine is made from three cereals—barley, wheat, and oats. *It is rich in diastase.* It may be taken either plain, with codliver-oil, with coca-wine, with pancreatin, with hypophosphites, etc., in tuberculosis and other diseases.

SYRUP OF HYPOPHOSPHITES.

I have frequently prescribed Dr. McArthur's Syrup of Hypophosphites, and have found it to be a therapeutic agent of great value in the treatment of many diseases.

O. G. CILLEY, M.D.,
Surgeon-General, Mass.

HYPODERMATIC INJECTIONS OF ANTISEPTICS.

Last summer I had several well-marked cases of typho-malarial fever, in which I used Listerine, both internally and as an hypodermatic injection, with very good effect, more particularly from the injection in the more advanced stages; also as a prophylactic or, rather, as an abortive, in cases having well-marked premonitory symptoms, the subjects of which had been exposed to the same disease-producing causes, being in the same families with those suffering under the fully-developed disease, and in every case, without an exception, there was a rapid and entire recovery.

I administer Listerine hypodermatically, full strength, in from 5- to 10-minim doses to

adults, and about the same amount, diluted one half, to children, repeating daily, as the case may seem to require. I have often administered it in much larger doses (hypodermatically), both in typho-malarial and zymotic affections, and never observed the least unpleasant symptoms from its use. I shall hereafter meet this class of diseases with much confidence, and shall rely, to a great extent, upon Listerine.—G. S. HILL, M.D., Wilmington, O.—*Lancet Clinic.*

VIN MARIANI AND THE DISPENSARY LAW.

The Dispensary Law in South Carolina has of late been so rigidly enforced that many druggists were afraid to sell even medicinal preparations containing wine as one of the constituent parts. This seriously interfered with the sales of the well-known tonic Vin Mariani throughout South Carolina, and the proprietors of that famous specialty made vigorous representations to the Governor on the subject. As a result of these representations Vin Mariani has been specially exempted from the workings of the Dispensary Law, as is shown by the following letter received by Messrs. Mariani & Co., from Governor Evans:—

STATE OF SOUTH CAROLINA, EXECUTIVE DEPARTMENT,
OFFICE OF STATE BOARD OF CONTROL.

COLUMBIA, S. C., October 5, 1895

MARIANI & Co., 52 West Fifteenth Street, N. Y.

DEAR SIR:—In reply to your favor of the 30th ult., Gov. Evans directs me to say that you have his permission to sell the Vin Mariani, and he will exempt it from seizure in the State when not sold as a beverage.

Respectfully,
W. W. HARRIS,*
Clerk S. B. C.

STARVATION.

If your patient is suffering from impaired digestion or, in other words, starving not from lack of food, but from lack of digestion, then prescribe Seng, 2 teaspoonfuls before each meal.

PEACOCK'S BROMIDES.

I can say that Peacock's Bromides will do all that is claimed for it. It is much more active and certain than the commercial salts.

G. H. CHAPPELL, M.D.

GRAND RAPIDS, MICH.

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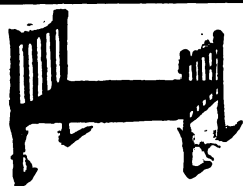
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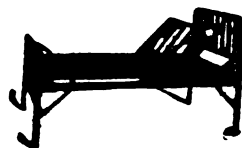
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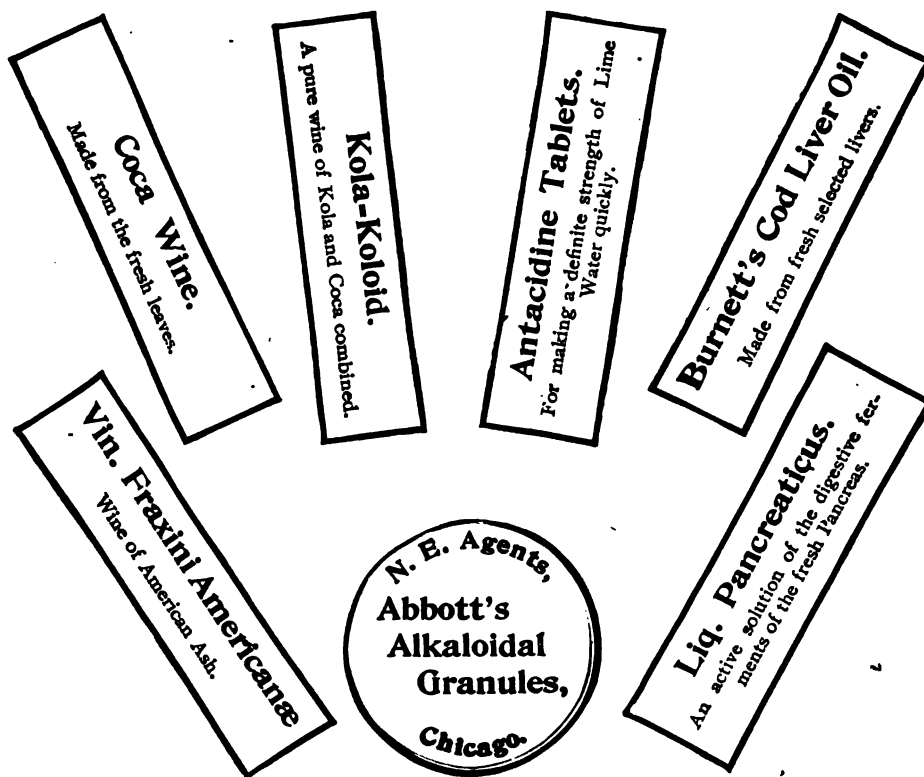
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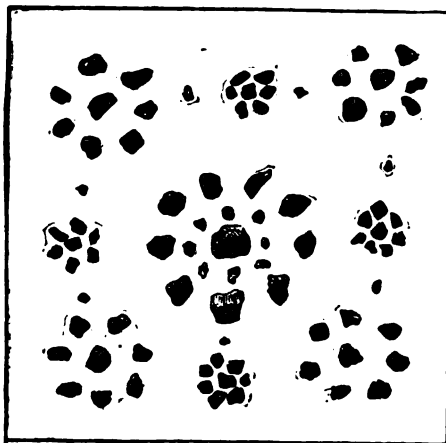


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From the early history of medicine up to a few years ago opium, in its galenic or alkaloidal derivatives, was the chief agent, in the hands of the physician, for the alleviation of all pain.

Its use by the profession was world-wide, and even the laity began to look upon the drug as a convenient and comparatively-safe means to have at hand for relief.

The crowded condition of many of our institutions for opium *habitués* to day proclaims, all too loudly, the evils of such an indiscriminate practice, and, though many a medical man has had reason to reproach himself for introducing his patient to the alluring drug, there are, even to-day, those who, disregarding the magnificent contributions of synthetic chemistry in the last fifteen years, cling tenaciously to papaveris as the ideal pain-reliever and sleep-producer.

Not so, however, with those who have patiently and studiously sought out an anodyne and hypnotic in whose train did not follow the baneful results that attend long-continued opium administration. We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere.

In the acute stage of most inflammations and in the closing painful phases of some few chronic disorders it is our grandest remedy,—our confidential friend. But here the application must cease; and it is just here that the synthetic products step in to claim their share in the domain of therapy.

Among the latter, perhaps none has met with so grateful a reception as antikamnia, and justly so; for, among all the contributions of pharmaceutical chemistry, none so fully merits our confidence as this one, presenting, as it

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According to the statistics of institutions for the treatment of opium addiction, there is no class of invalids from which there have been more opium *habitués* recruited than chronic neuralgics.

If this be so, and the statement proceeds from high authority, the medical man who uses opium in chronic diseases save as a *dernier ressort* is not only indulging in a reprehensible practice, but, reviewed from the stand-point of higher medical ethics, he is criminally careless in employing a dangerous drug when one that has been proven safe will meet the indications equally well.—*Buffalo Medical Journal*.

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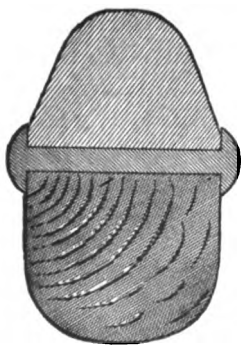


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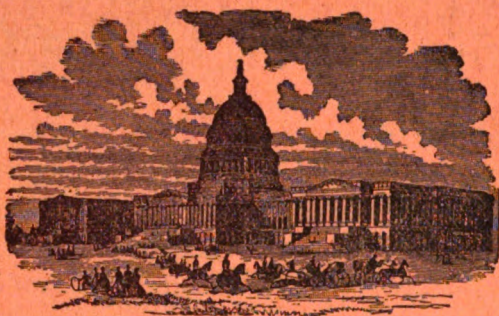
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